MAXIMUS Federal Services

Case Number:	CM13-0069979		
Date Assigned:	01/03/2014	Date of Injury:	06/11/2013
Decision Date:	05/28/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient has submitted a claim for neck and shoulder pain with an industrial injury date of June 11, 2013. Treatment to date has included physical therapy, acupuncture, cervical spine traction, and medications, including hydrocodone/APAP 5/325mg (since June 2013) and cyclobenzaprine 10mg 1 tab TID (since June 2013). Medical records from 2013 were reviewed, which showed that the patient complained of neck pain, 10/10 without medications and 8/10 with medication, with radiating pain, numbness, and tingling to the bilateral upper extremities. The patient also complained of persistent left shoulder pain with limited motion as well as pain, numbness, and tingling to the bilateral hands. The patient also reported slight nausea but denied vomiting and constipation. On physical examination, the left shoulder revealed tenderness and crepitus. Impingement/cross arm test was positive. Range of motion was limited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 PRESCRIPTION OF VICODIN (HYDROCODONE/APAP/5/500MG) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, although pain relief was reported with medications, there was no objective evidence of functional improvement with opioids. Furthermore, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also do not clearly reflect a lack of adverse side effects or aberrant behavior. Although opiates may be appropriate, additional information would be necessary for continued opioid use. Therefore, the request for Vicodin (hydrocodone/apap/5/500mg) #120 is not medically necessary.

1 PRESCRIPTION OF FEXMID (CYCLOBENZAPRINE 7.5MG) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, the patient has been on cyclobenzaprine since June 2013 (11 months to date); however, the records do not show continued benefit or evidence of functional improvement. In addition, guidelines state that efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Therefore, the request for Fexmid (cyclobenzaprine 7.5mg) #60 is not medically necessary.