

Case Number:	CM14-0003998		
Date Assigned:	01/31/2014	Date of Injury:	03/05/2013
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine, 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 is a 48-year-old who has submitted a claim for chronic cervical pain with radicular pain, associated from an industrial injury date of March 5, 2013. Medical records from March 27, 2013 to January 2, 2014 were reviewed showing that patient complained of intermittent neck pain with radiation to the occipital region and left upper extremity. She had difficulty turning her neck to either side or looking up and down. Physical examination showed no loss of cervical lordosis. There was left paravertebral and left trapezius tenderness with guarding; limited range of neck extension, lateral flexion, and rotation; and left shoulder flexion, abduction, and internal rotation. Motor testing and reflexes were normal. Sensation was intact. Treatment to date has included Norco, Flexeril, Strazepam, Mobic, Naproxen, Vitamin D, chiropractic therapy, and steroid injections. Utilization review from December 31, 2013 denied the request for Therabenzaprine 60 because guidelines recommend its use for short courses only; and denied the request for trepoxicam 7.5mg tablets because current recommendations state that it should be used only at low doses for the shortest period in patients with moderate to severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERABENZAPRINE 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CHAPTER: CYCLOBENZAPRINE (FLEXERIL®), 41,64

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20- 9792.26 Page(s): 41-42.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated in the Chronic Pain Medical Treatment Guidelines, treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment. In this case, the patient has been on cyclobenzaprine since August 5, 2013, and there is lack of documentation regarding the benefits gained from its use. The request for Therabenzaprine 60 is not medically necessary or appropriate.

TREPOXICAM 7.5MG TABLES.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CHAPTER: NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), 67-73

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20-9792.26 Page(s): 67-73.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. In this case, the patient has been taking meloxicam since March 13, 2013. The documentation does not support subjective and objective functional improvements attributed to this medication such as improved ADLs, decreased pain scores, and increased physical capacity. Moreover, the present request does not specify the quantity to be dispensed. The request for Trepoxicam 7.5 mg tablets is not medically necessary or appropriate.