

Case Number:	CM14-0104424		
Date Assigned:	07/30/2014	Date of Injury:	05/13/2005
Decision Date:	09/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 66-year-old female who reported an injury on 05/13/2005. The mechanism of injury was repetitive motion. The injured worker underwent an MRI. The surgical history was not provided. The documentation indicated the injured worker was utilizing opiates as of mid-2013. The documentation of 06/04/2014 revealed the injured worker reported pain and spasms in the right shoulders that was worse. The injured worker was noted to be utilizing Vicodin 2 to 3 times a day for the control of pain. The injured worker indicated with medications the pain was 6/10 to 7/10 and the injured worker was able to complete simple activities of daily living, socialize, interact with family, walk 20 feet and lift 10 pounds and without the medications the injured worker's pain was 10/10. The objective findings revealed the injured worker had functional range of motion of the upper extremities in posterior extension. The injured worker had tenderness to palpation along the spinous processes in the cervical region and in the shoulder-scapular myofascial tissue with taught muscle bands in the cervical region. The diagnoses included cervicgia and pain in joint. The treatment plan included a continuation of Vicodin 5/300 #60 1 by mouth twice a day as needed and to begin Flexeril 10 mg #60 1 by mouth every 12 hours for spasms. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60 1 po bid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and an objective improvement in function. The clinical documentation indicated the injured worker had utilized the medication since at least mid-2013. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior or side effects. Given the above, the request for Vicodin 5/300 mg 360 1 by mouth twice a day is not medically necessary.

Flexeril 10mg #60 1 po q12h: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker was to start the medication. There were objective findings upon examination. However, the request for #60 tablets exceeds the guideline recommendations of a maximum duration of usage for 3 weeks. Given the above, the request for Flexeril 10 mg #60 1 by mouth every 12 hours is not medically necessary.