

Case Number:	CM14-0013602		
Date Assigned:	02/26/2014	Date of Injury:	02/25/2013
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 02/25/2013. The mechanism of injury was not stated. Current diagnoses include cervical disc herniation with right-sided neural foraminal narrowing, right-sided cervical radiculopathy and bilateral shoulder arthralgia. The injured worker was evaluated on 12/12/2013. The injured worker reported 7/10 neck pain. The injured worker was status post an epidural steroid injection. Current medications include Norco 10/325 mg, Flexeril and Celebrex. A physical examination revealed tenderness to palpation of the cervical spine and right trapezius region, decreased sensation in the C7 dermatome on the right and weakness. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG TABLET #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized Cyclobenzaprine since May 2013. There was no evidence of palpable muscle spasm or spasticity upon physical examination or efficacy of the medication. There is also no frequency listed in the current request. Therefore, the request is not medically appropriate. As such, the request is not medically necessary and appropriate.

HYDROCODONE/APAP 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SPECIFIC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page 74-82. Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized Norco 10/325 mg since 05/2013. There is no documentation of objective functional improvement. The injured worker continues to report 7/10 pain. There is also no frequency listed in the current request. Therefore, the request is not medically necessary and appropriate.