

Case Number:	CM14-0016138		
Date Assigned:	06/04/2014	Date of Injury:	10/01/2009
Decision Date:	08/07/2014	UR Denial Date:	01/31/2014
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 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 61-year-old female who reported an injury on 10/01/2009 of an unknown mechanism. The injured worker complained of left lower neck pain radiating to the left periscapular region. Examination on 02/06/2014 revealed tenderness upon palpation of the right shoulder and left cervical paraspinal muscles overlying the left C5 to T1 facet joints and bilateral wrists, right shoulder range of motion was restricted by pain in all directions, positive right shoulder impingement signs, Neer's and Hawkins test, cervical range of motion was restricted by pain in all directions with a cervical extension that was worse than cervical flexion, and positive cervical facet joint provocative maneuvers. The nerve root tension signs were negative bilaterally, muscle stretch reflexes were 1 and symmetrical bilaterally in all limbs, absent Clonus, Babinski's and Hoffmann's signs bilaterally, normal muscle strength in all limbs, and all other examinations were normal. There were no changes noted in the notes dated back to 07/30/2013. She had diagnoses of status post fluoroscopically-guided left C5-6 and C7-T1 facet joint radiofrequency nerve ablations, status post positive fluoroscopically-guided diagnostic left C5-6 and left C7-T1 facet joint medial branch blocks, left cervical facet joint pain, cervical facet joint arthropathy, cervical sprain/strain, right shoulder impingement, right shoulder sprain/strain, bilateral upper extremity overuse injury, left carpal tunnel syndrome, status post left carpal tunnel release, status post left DeQuervain's release, hypertension, diabetes mellitus, hypothyroid and hyperlipidemia. She had past treatments of trigger point injections to the shoulder, medial branch blocks, oral medications and a functional restoration program. Her medications included Prozac 80 mg daily, BuSpar 30 mg twice a day, Wellbutrin, Relafen, Prilosec, Zanaflex 4 mg twice a day and Norco 10/325 mg twice a day as needed. The treatment plan is for hydrocodone 10/325 mg #60 and cyclobenzaprine 10 mg #30. The Request for Authorization was signed and

dated on 02/07/2014. There is no rationale for the request for hydrocodone 10/325 mg #60 and cyclobenzaprine 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for hydrocodone 10/325 mg #60 is not medically necessary. The injured worker complained of pain to the left lower neck, radiating into the left parascapular region. She had past treatments of medial branch blocks, trigger point injections to the shoulder and oral medications. The California MTUS Guidelines recognize 4 domains, summarized as the '4 As', (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors) that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids it also suggests consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months and a psych consult if there is evidence of depression, anxiety or irritability. After careful review of the documentation provided, the progress notes dated 07/30/2013 through 02/06/2014 showed no change in the physical examination or improvements over seven months. The 4 A's mentioned above were not addressed and the request did not contain directions for use. Given the above, the request for hydrocodone 10/325 mg #60 is not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics, Cyclobenzaprine Page(s): 63-64.

Decision rationale: The request for cyclobenzaprine 10 mg #30 is not medically necessary. The injured worker complained of pain to the left lower neck, radiating to the left periscapular region. She had past treatments of medial branch blocks, trigger point injections to the shoulder and oral medications. According to the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended for a short course of therapy and limited, mixed evidence does not allow for a recommendation for chronic use. After a careful review of the documentation provided, there is no documentation that stated the injured worker was having muscle spasms subjectively or by examination. Therefore, the request for cyclobenzaprine 10 mg #30 is not medically necessary.

