MAXIMUS Federal Services

Case Number:	CM14-0018111		
Date Assigned:	04/16/2014	Date of Injury:	09/17/2012
Decision Date:	06/30/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/12/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 48 year old female with reported date of injury on 09/17/2012. The mechanism of injury was reported as a motor vehicle accident. An MRI dated March 2013 revealed L5-S1 bulging disc. EMG dated 05/24/2013 did not suggest radiculopathy in visual findings. The injured worker was treated with trigger point injections on 08/18/2013, with documented good results. The progress note dated 9/23/2013 noted pain was reported at 6/10 without medication and 0/10 with medication. On 10/23/2013 in the pain institute documents the injured worker reported 10/10 pain and the Norco was increased to 10/325 three times a day instead of the previous order for one time a day. The injured workers range of motion was decreased from 50 degrees of flexion and 20 degress of extension on 10/23/2013 to 40 degrees of flexion and 10 degrees of extension on 12/27/2013. According to the orthopedic clinical note provided, dated 12/17/2013, the injured worker continued to have pain at 10/10. The primary treating physician's progress report dated 12/27/2013 stated the injured worker reported pain rated 8/10. The injured worker was referred for psychiatric consult related to continued chronic pain without clinical findings to cooberate continued unrelieved pain. The injured worker attended appointments with her primary physician, orthopedist and pain clinic, each with different subjective findings reported. A urine drug screen reported on 08/08/2013 resulted with the prescription not being detected despite the injured worker reporting that she had run out of Norco due to taking it twice a day instead of the prescribed once a day. THC was also detected in the urine drug screen at that time. There are no other drug screens reported. Multiple prescriptions for Norco and Cyclobenzaprine were provided since September 2012 by three different physicians.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 12/27/2013) FOR CYCLOBENZAPRINE 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: According to the CA MTUS guidelines antispasmodics are rcommended for a short course of therapy. Cyclobenzaprine has been shown to have the greatest effect in the first 4 days of treatment. Cyclobenzaprine is not recommended for longer than 2-3 weeks. The injured worker was first prescibed this medication in September of 2012. This medication should also be avoided in patients with heart failure. The injured worker was hospitalized with heart failure from 10/03/2013-11/04/2013, according to clinical documents provided. In the clinical notes provided there is a lack of documentation of muscle spasms, spinal cord injury, exaggerated reflexes or other clinical reasons for the use of Cyclobenzaprine. There was a lack of documentation of significant objective functional improvement with the use of the medication. The request for continued use of Cyclobenzaprine exceeds the recommended guidelines of 2-3 weeks for therapeutic effect. Therefore, the request for cyclobenzaprine 7.5mg #60 is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 12/27/2013) FOR NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 84.

Decision rationale: Although the patient is suffering from a chronic pain problem she has not achieved any significant improvement despite treatment to date. Conservative treatment options have been utilized without documented relief. The CA MTUS guidelines recommend review and documentation of pain relief, functional status, and appropriate medication use and side effects is required. The assessment should include the intensity of pain before and after taking opiods. A satisfactory response to treatment would be indicated by the patient's decreased pain and increased level of function and improved quality of life. The use of drug screeing would be appropriate with this injured worker due to documented history of previous drug screen dated 08/08/2013 with prescription not being found and the urine drug screen was also positive for THC. The injured worker has been recommended for a psych consult, there is a lack of information provided regarding outcome or appointment. The guidelines recommend a closer monitoring. Within the provided documentation, the injured worker historically had a decrease in functional abilities. There was a lack of documentation of significant objective functional improvement with the use of the medication. There was a lack of documentation of an adequate

and complete pain assessment. Therefore, the request for Norco 10/325mg #90 is not medically necessary.