

Case Number:	CM14-0112862		
Date Assigned:	09/18/2014	Date of Injury:	06/27/2008
Decision Date:	11/05/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 female who reported an injury on 06/27/2008. The mechanism of injury was not provided. The injured worker's diagnoses included cervical disc displacement without myelopathy, cervical spondylosis without myelopathy, spasm of muscle, post laminectomy syndrome of cervical region, osteoarthritis, lumbosacral spondylosis without myelopathy, cervicgia, pain in limb, sleep disturbance, and encounter for long term use of other medications. The injured worker's past treatments included medications, surgery, injections, and ESI. The injured worker's surgical history included cervical fusion and shoulder surgery on unknown dates. On the clinical note dated 06/03/2014, the injured worker complained of pain in the neck and right upper extremity pain and diffuse low back pain. The injured worker states her pain is rated 7/10. Medical records indicate the pain is lessened by the current treatment regimen. The injured worker stated she is able to perform activities of daily living while receiving current treatments. The injured worker had reduced range of motion; reduced muscle strength in the wrist extensors; and spasms in the cervical paraspinal, trapezius, and lumbar paraspinal region. The injured worker's medication included Norco 10/325 mg 1 to 2 three times a day as needed, Relafen 500 mg 1 twice a day as needed, Topamax 50 mg 1 in the morning and 2 at bedtime, cyclobenzaprine 7.5 mg 1 twice a day as needed, lansoprazole 30 mg 1 daily, simvastatin 20 mg, and atenolol 25 mg. The request was for Norco 10/325 mg and cyclobenzaprine 7.5 mg. The rationale for the request was to treatment painful conditions. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg Tablet Take 1-2 TID PRN #180 Refill: 3: 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 OPIOID MANAGEMENT, Page(s): 78.

Decision rationale: The request for Norco 10/325 tablet, take 1 to 2 three times a day as needed #180, refill 3 is not medically necessary. The injured worker is diagnosed with cervical spondylosis without myelopathy, spasm of muscle, lumbosacral spondylosis without myelopathy, cervicgia, and pain in the limb. The injured worker complained of pain in the neck and right upper extremity and diffuse low back pain rated 7/10. The California MTUS Guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. Medical records indicated the injured worker is able to perform activities of daily living with medication regimen. As such, the request for Norco 10/325 mg tablet, take 1 to 3 three times a day as needed #180, refill 3 is not medically necessary.

Cyclobenzaprine 7.5mg Tablet, Take 1 BID PRN #60 Refill: 3: 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 MUSCLE RELAXANTS, Page(s): 63-66.

Decision rationale: The request for cyclobenzaprine 7.5 mg tablet, take 1 twice a day as needed #60, refill 3 is not medically necessary. The injured worker is diagnosed with cervical spondylosis without myelopathy, spasm of muscle, lumbosacral spondylosis without myelopathy, cervicgia, and pain in the limb. The injured worker complained of pain in the neck and right upper extremity and diffuse low back pain rated 7/10. California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. Cyclobenzaprine is recommended for a short course of therapy, not to be used longer than 2 to 3 weeks. The injured worker has been prescribed cyclobenzaprine 7.5 mg since at least 01/17/2014, which exceeds the recommended usage of 2 to 3 weeks. Additionally, the request indicates 3 refills. The injured worker's medical records lack documentation of the efficacy to the medication and the timeframe of efficacy. As such, the request for cyclobenzaprine 7.5 mg tablet, take 1 twice a day as needed #60, refill 3 is not medically necessary.

