

Case Number:	CM14-0146978		
Date Assigned:	09/15/2014	Date of Injury:	04/12/2010
Decision Date:	11/06/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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:

This 51 year-old patient sustained an injury on 4/12/10 while employed by the [REDACTED]. Request(s) under consideration include Cyclobenzaprine HCL 10mg #60 and Vicodin (Hydrocodone/ Apap 5-500mg #60 refill-1. Diagnoses include chronic cervicgia; bilateral carpal tunnel syndrome; upper GI side effects. Conservative care has included medications, therapy, TENS, acupuncture, and modified activities/rest. Report of 3/3/14 from the provider noted the patient has continued shoulder pain that radiates to her neck and her hands; and will be receiving acupuncture. Exam of left shoulder showed tenderness at anterior aspect; positive impingement; decreased range on flex/abd (no degrees specified); hands with reduced grip strength bilaterally; reduced sensation in bilateral median nerve; and positive Tinel's and Phalen's. Diagnoses include left shoulder internal derangement s/p arthroscopic repair; bilateral CTS; and Gastropathy secondary to taking pain medication. Treatment included continuing with medications. Report of 8/14/14 from the provider noted unchanged chronic ongoing left shoulder pain with unchanged exam findings. The request(s) for Cyclobenzaprine HCL 10mg #60 was noncertified and Vicodin (Hydrocodone/ Apap 5-500mg #60 refill-1 was modified for #60 with no refill for weaning on 8/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 51 year-old patient sustained an injury on 4/12/10 while employed by the [REDACTED]. Request(s) under consideration include Cyclobenzaprine HCL 10mg #60 and Vicodin (Hydrocodone/ Apap 5-500mg #60 refill-1. Diagnoses include chronic cervicalgia; bilateral carpal tunnel syndrome; upper GI side effects. Conservative care has included medications, therapy, TENS, acupuncture, and modified activities/rest. Report of 3/3/14 from the provider noted the patient has continued shoulder pain that radiates to her neck and her hands; and will be receiving acupuncture. Exam of left shoulder showed tenderness at anterior aspect; positive impingement; decreased range on flex/abd (no degrees specified); hands with reduced grip strength bilaterally; reduced sensation in bilateral median nerve; and positive Tinel's and Phalen's. Diagnoses include left shoulder internal derangement s/p arthroscopic repair; bilateral CTS; and Gastropathy secondary to taking pain medication. Treatment included continuing with medications. Report of 8/14/14 from the provider noted unchanged chronic ongoing left shoulder pain with unchanged exam findings. The request(s) for Cyclobenzaprine HCL 10mg #60 was noncertified and Vicodin (Hydrocodone/ Apap 5-500mg #60 refill-1 was modified for #60 with no refill for weaning on 8/29/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2010. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine HCL 10mg #60 is not medically necessary and appropriate.

Hydrocodone (Vicodin)-APAP 5-500mg #60 refill-1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 to 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 51 year-old patient sustained an injury on 4/12/10 while employed by the [REDACTED]. Request(s) under consideration include Cyclobenzaprine HCL 10mg #60 and Vicodin (Hydrocodone/ Apap 5-500mg #60 refill-1. Diagnoses include chronic cervicalgia; bilateral carpal tunnel syndrome; upper GI side effects. Conservative care has included medications, therapy, TENS, acupuncture, and modified activities/rest. Report of 3/3/14 from the provider noted the patient has continued shoulder pain that radiates to her neck and her hands; and will be receiving acupuncture. Exam of left shoulder

showed tenderness at anterior aspect; positive impingement; decreased range on flex/abd (no degrees specified); hands with reduced grip strength bilaterally; reduced sensation in bilateral median nerve; and positive Tinel's and Phalen's. Diagnoses include left shoulder internal derangement s/p arthroscopic repair; bilateral CTS; and Gastropathy secondary to taking pain medication. Treatment included continuing with medications. Report of 8/14/14 from the provider noted unchanged chronic ongoing left shoulder pain with unchanged exam findings. The request(s) for Cyclobenzaprine HCL 10mg #60 was noncertified and Vicodin (Hydrocodone/ Apap 5-500mg #60 refill-1 was modified for #60 with no refill for weaning on 8/29/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Vicodin (Hydrocodone/Apap 5-500mg #60 refill-1 is not medically necessary and appropriate.