

Case Number:	CM14-0150611		
Date Assigned:	09/18/2014	Date of Injury:	04/13/2000
Decision Date:	10/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/16/2014

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, Pain management 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 58-year-old female who sustained an injury on 4/13/00. On 8/26/14, the patient presented with complaints of neck, back, hand, and left shoulder pain. She noted slight increase in symptoms over the past couple of weeks, but her pain level was still about a 6-7/10 in intensity. With the medications, she can bring it down to a 3/10. She reported the medications allowed her to be active around her house. She was able to do the dishes if she paced herself. On exam she did have tenderness to palpation at the base of the cervical spine extending to the mid-back region and out to the rhomboids and the trapezius region of the shoulders. MRI on June 2010 showed right-sided foraminal disk at L4-L5, central disk protrusion at L5-S1 with retrolisthesis at L5-S1. She is currently on Norco and Flexeril (private pay). She was treated in the past with acupuncture for her lumbar spine and past epidurals helped her for three to four months; latest injection was on 5/2/14. She has been on long-term use of Norco and Flexeril and reportedly demonstrated significant benefit with both the medications helping with pain and sleep and has had previous modified UR determinations for both the medications. Diagnoses: Carpal tunnel syndrome; S/P bilateral carpal tunnel release in 2000, bilateral thumb pain; S/P right thumb surgery x4, most recent 2004; left thumb surgery x1, 2005, left shoulder pain; S/P left shoulder surgery 2005, bilateral lower extremity intermittent pain and chronic right shoulder pain. The request for Norco 10/325mg #60 with 2 refills was modified to Norco 10/325mg #60 with no refills and Flexeril 10mg, #60 with 2 refills was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with no refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Norco Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is documentation of significant improvement in pain level (i.e. from 6-7/10 to 3/10) and function (she is able to be active around the house) with its use, demonstrating the efficacy of this medication with twice a day dosing. There is no evidence of aberrant behavior. She is not on any other opioids. Therefore, the Norco 10/325mg #60 with no refills is medically necessary.

Flexeril 10mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the Flexeril 10mg, #60 with 2 refills is not medically necessary.