

Case Number:	CM14-0162162		
Date Assigned:	10/07/2014	Date of Injury:	11/07/2011
Decision Date:	12/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/02/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 40 year old female who had a work injury dated 11/7/11. The diagnoses include status post decompression of the right brachial plexus performed on 06/27/2014. Under consideration are requests for Norco 10/325mg #180; Xanax 0.5mg #30; Flexeril 5mg #30. There is an 8/28/14 progress note that states that the patient presents after undergoing a surgical decompression of the right brachial plexus performed on 06/27/2014. The patient has demonstrated a substantial improvement in regard to the strength of the right hand since after the surgery. The patient continues to complain of neck pain that comes with activity that may be related to the instability at C3-4 seen in the flexion and extension views of the cervical spine. There is a recommendation for the patient's postoperative physical therapy twice a week for six weeks to improve the strength of the neck muscles, especially reduce the muscle spasm of the right trapezius muscle. The provider states that he has recommended the patient to continue taking Norco 10/325 mg one tablet every four hours as needed for pain, Xanax 0.5 mg at night to help with her ability to sleep, and Flexeril 5 mg at night to reduce the muscle spasm on the right trapezius muscle. There is a 7/3/14 document that states that the patient presents after undergoing an operation to decompress the right brachial plexus performed on 06/27/2014. The patient's strength in the right hand has demonstrated improvement and the cellulitis that came as a result of the EMG needles has resolved. I have recommended the patient to start doing exercises to improve the range of motion of the right arm and continue taking her medications for the postoperative pain Norco 10/325 mg one tablet every four hours as needed for pain, Xanax 0.5 mg at night to help with her ability to sleep, and Flexeril 5 mg at night to reduce the muscle spasm of the right trapezius muscle. A 7/3/14 document states that the patient is to continue taking Norco 10/325 mg one tablet every four hours as needed for incisional pain,

Flexeril 5 mg twice a day for muscle spasm and Xanax 0.5 mg at night to help with her ability to sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325mg #180 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on opioids without significant functional improvement therefore the request for Norco 10/325mg #180 is not medically necessary.

Xanax 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Xanax 0.5mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax longer than the recommended 4 week. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request for Xanax 0.5mg #30 is not medically necessary.

Flexeril 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

Decision rationale: Flexeril 5mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril 5mg #30 is not medically necessary.