

Case Number:	CM14-0034143		
Date Assigned:	06/20/2014	Date of Injury:	09/12/2008
Decision Date:	07/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 Minnesota. 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 41-year-old female with a reported injury on 09/12/2008. The mechanism of injury was described as the injured worker being pushed and falling while hitting her head, neck and right shoulder. The clinical note dated 02/05/2014 reported that the injured worker complained of head, neck, and right shoulder pain. It was reported that the injured worker suffered from frequent migraine headaches with sensitivity to light and noise, causing nausea, dizziness, and short-term memory loss. The physical examination of the injured worker's cervical spine revealed no tenderness to palpation of the cervical paravertebral musculature. The cervical spine's range of motion demonstrated flexion to 25 degrees, extension to 10 degrees, right rotation to 30 degrees, left rotation to 35 degrees, right lateral bend to 10 degrees and left lateral bend to 10 degrees. The injured worker had a positive Spurling's, cervical compression, and Hoffman's test bilaterally. The physical examination of the injured worker's lumbar spine revealed normal lordosis of the lumbar spine with no scars, ecchymosis, or swelling noted. It was also reported that there was no tenderness to palpation of the lumbar paravertebral musculature. The injured worker had a positive straight leg raise at 60 degrees to the right. The neurological examination revealed upper extremity sensory deficit to the right C6 and C7 dermatomes. The sensory examination to the lower extremities revealed sensory deficit in the L4 and L5 dermatomes. The injured worker's diagnoses included disc herniation at C5-6 and C6-7, with 3 to 4 mm with spinal stenosis, annular tear at C6-7 with discogenic pain; right upper extremity/cervical radiculopathy; chronic pain syndrome; chronic neck pain; chronic low back pain; severe anxiety and depression secondary to industrial related injuries; disc protrusion at L4-5 with facet hypertrophy bilaterally; status post right shoulder arthroscopy times 2 with residual pain; neuropathic pain of the right upper and lower extremities; cervicogenic headaches; myofascial pain syndrome; and electrodiagnostically proven right S1 radiculopathy. The

provider requested clonazepam, Flexeril, and hydrocodone/acetaminophen; the rationales were not provided within the clinical notes. The Request for Authorization was submitted on 03/17/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #45 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

Decision rationale: The request for clonazepam 0.5 mg quantity 45 with 2 refills is non-certified. The treating physician's rationale for clonazepam was not provided within the clinical notes. The Official Disability Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). The injured worker complained of head, neck, and shoulder pain. There is a lack of clinical information provided documenting the efficacy of clonazepam as evidenced by decreased anxiety and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. In addition, the request for 2 refills is excessive for concurrent medical treatment. As such, the request is not medically necessary.

Flexeril 5mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Flexeril 5 mg quantity 90 with 2 refills is non-certified. The injured worker complained of neck, head, and shoulder pain. The treating physician's rationale for Flexeril was not provided within the clinical notes. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided documenting the efficacy of Flexeril as evidenced by decreased pain, decreased muscle spasms, and significant objective functional improvements. Furthermore,

the requesting provider did not specify the utilization frequency of the medication being requested. Moreover, there is a lack of clinical information provided indicating the duration of usage of Flexeril. The guidelines do not recommend long-term utilization. As such, the request is not medically necessary.

Hydrocodone/APAP 10/325ng #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91, 78.

Decision rationale: The request for hydrocodone/APAP 10/325 mg quantity 90 with 2 refills is non-certified. The injured worker complained of head, neck and shoulder pain. The treating physician's rationale for hydrocodone/acetaminophen was not provided within the clinical notes. The California MTUS guidelines state that hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that 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. There is a lack of clinical information provided documenting the efficacy of hydrocodone as evidence by decreased pain and significant objective improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. In addition, the request for 2 refills is excessive for concurrent medical treatment. As such, the request is not medically necessary.