

Case Number:	CM14-0042105		
Date Assigned:	06/30/2014	Date of Injury:	03/20/2013
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/08/2014

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 & Rehab and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old female was reportedly injured on March 20, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 9, 2014, indicated that there were ongoing complaints of neck and shoulder pains. The physical examination demonstrated a thoracic brace to be in place, tenderness to palpation and decreased range of motion. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications and physical therapy. A request had been made for cyclobenzaprine and hydromorphone and was not certified in the pre-authorization process on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobzaprine 10mg #30 15 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS), Chronic Pain: Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Muscle relaxants, pages 41, 64 of 127 Page(s): 41, 64 of 127.

Decision rationale: When noting the date of injury, the reported mechanism of injury, the findings on physical examination and the relative lack of any improvement or noted efficacy with the use of this medication and with the parameters outlined in the Chronic Pain Medical Treatment Guidelines, the use of a skeletal muscle relaxant is limited to short-term intervention alone. There was no clinical indication for long-term use, and when noting the lack of improvement, clearly the efficacy has not been established. As such, based on the medical records presented for review, the medical necessity is not present.

Hydromorphone 8mg #120 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS), Chronic Pain: Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 74 of 127 Page(s): 74 OF 127.

Decision rationale: When considering the date of injury, the injury sustained, the current findings on physical examination and noting the level of complaints, there was no noted efficacy with the use of this particular medication. There was no clinical indication that around-the-clock opioid analgesics were needed. Therefore, based on the clinical information presented for review, the medical necessity of this medication has not been established.