

<b>Case Number:</b>	CM14-0048444		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Occupational Medicine 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 is a 52-year-old female with a 4/17/08 date of injury. The mechanism of injury was not noted. According to a 3/13/14 progress report, the patient presented for follow-up of neck pain with headaches and dizziness with nausea and vomiting. She was having increased pain complaints into the right trapezius region with spasms. She rated her neck pain a 9/10 on the pain scale. Objective findings: tenderness to palpation of the cervical spine with significant spasms noted into the left trapezius region, range of motion of cervical spine is decreased in all planes, decreased sensation right C5 dermatome, motor exam is 4+/5 for right deltoid, biceps, internal and external rotators, 5/-5 for right wrist extensors, wrist flexors, and grip strength. Diagnostic impression are disc herniations at C4-5 and C5-6 with moderate to severe neural foraminal narrowing, facet arthropathy of the cervical spine, status post posterior foraminotomy on the right at C4-5 and C5-6 on 5/24/12. Treatment to date has been medication management, activity modification, and surgery. A UR decision dated 3/27/14 denied the requests for Cyclobenzaprine and Hydrocodone/APAP 10/325 mg. Regarding cyclobenzaprine, a UR decision dated 2/11/14 certified 20 tablets to initiate downward titration and complete discontinuation of the medication as long term use is not supported. Regarding Hydrocodone/APAP, documentation of a risk assessment profile, attempt at weaning/tapering, updated urine drug screen, and ongoing efficacy, and an updated and signed pain contract between the provider and claimant for continued use of this medication was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg tablet # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation (ODG-TWC).

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

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. There is no documentation as to how long the patient has been taking cyclobenzaprine. Guidelines do not support the long-term use of cyclobenzaprine. In addition, a prior UR dated 2/11/14 recommended weaning the patient off cyclobenzaprine. The physician has not addressed the issue of weaning. Therefore, the request for Cyclobenzaprine 7.5 mg tablet # 60 was not medically necessary.

**Hydrocodone/Acetaminophen 10/325 mg # 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone/Acetaminophen 10/325 mg # 90 was not medically necessary.