

Case Number:	CM14-0051421		
Date Assigned:	07/07/2014	Date of Injury:	10/09/2003
Decision Date:	08/06/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in 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:

According to the records made available for review, this is a 54-year-old male with a 10/9/03 date of injury. At the time (3/6/14) of request for authorization for Norco 5/325 mg #60 and Fexmid (Cyclobenzaprine 7.5mg) #60. There is documentation of subjective chronic severe neck pain radiating to the bilateral upper extremities with numbness and objective findings of tenderness to palpation over the cervical and thoracic paraspinal musculature with muscle spasms, positive cervical compression test with radiculopathy, decreased cervical range of motion, and decreased sensation over the C5 and C6 dermatomes. Current diagnoses (cervical musculoligamentous strain/sprain with bilateral upper extremity radiculitis, cervical degenerative disc disease, cervical facet arthrosis, and cervical spinal stenosis), and treatment to date (ongoing therapy with Norco and Fexmid since at least 10/28/13 with pain relief). Regarding Norco 5/325 mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Regarding Fexmid (Cyclobenzaprine 7.5mg) #60, there is no documentation of acute exacerbation of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical musculoligamentous strain/sprain with bilateral upper extremity radiculitis, cervical degenerative disc disease, cervical facet arthrosis, and cervical spinal stenosis. In addition, there is documentation of severe chronic pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of pain relief with use of Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/325 mg #60 is not medically necessary.

Fexmid (Cyclobenzaprine 7.5mg) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended for

short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical musculoligamentous strain/sprain with bilateral upper extremity radiculitis, cervical degenerative disc disease, cervical facet arthrosis, and cervical spinal stenosis. In addition, there is documentation of chronic pain. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine since at least 10/28/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation of pain relief with use of Cyclobenzaprine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cyclobenzaprine. Therefore, based on guidelines and a review of the evidence, the request for Fexmid (Cyclobenzaprine 7.5mg) #60 is not medically necessary.