

Case Number:	CM14-0061820		
Date Assigned:	07/09/2014	Date of Injury:	10/23/2002
Decision Date:	08/28/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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 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:

The injured worker is a 61-year-old male who reported an injury on 10/23/2002 due to an unknown mechanism. The injured worker saw his physician on 05/01/2014. The physician diagnosed the injured worker with hypertension, cubital tunnel syndrome on the right side status post decompression, stable epicondylitis on the right, wrist joint inflammation on the right with bone scans showing uptake along the lunate, wrist joint inflammation on the left, STP joint inflammation and CMC joint inflammation of the thumbs on the right and left hands, carpal tunnel syndrome bilaterally status post decompression with 2 on the right and 1 on the left, and tight wrist flexors and finger flexors on the right hand. The injured worker was being seen by the physician status post bilateral carpal tunnel decompression. The injured worker was complaining of chronic pain with pain being rated 7-8/10 without medication and 0-2/10 with medications, which helped him remain very functional. The injured worker complained of pain to the bilateral wrist and bilateral elbows. The physician noted triggering was present primarily in the fourth and fifth digits on the right hand; exercises for range of motion helped with triggering. The physician noted the injured worker had an allergy to Motrin and the injured worker was unsuccessfully utilizing MS-Contin due to the side effects. The physician noted no side effects were reported secondary to Flexeril or Norco. The injured worker received Norco and Flexeril for pain management. The injured worker was to continue with medications, be referred to a pain management consultant, and continue with home exercises. The physician was requesting Flexeril 5 mg 60 tablets and Norco 10/325 mg as needed 120 tablets. The provider recommended the injured worker continue to use the medications as they were felt to be efficacious. The injured worker had greater flexibility and range of motion and a decrease in pain when utilizing these medications with no noted side effects at this time. There was no Request for Authorization form submitted for review with these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

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

Decision rationale: The request for Flexeril 5 mg 60 tablets is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine as an option if used for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine or Flexeril to other agents is not recommended. The injured worker has been prescribed this medication since at least 05/2014. The physician wishes to continue this medication for a longer period than what MTUS guidelines would consider a short course of therapy. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is not documentation indicating significant spasms are present upon examination. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Norco 10/325mg as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, pages 78 and 79 Page(s): 78, 79.

Decision rationale: The request for Norco 10/325 mg as needed 120 tablets is not medically necessary. California MTUS Guidelines for opioids for ongoing management include such actions, such as (a) prescription should come from a single practitioner, taken as directed, and all prescriptions should come from a single pharmacy; (b) the lowest possible dose should be prescribed to improve pain and function; (c) at the office, the physician should observe the 4 A's of ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should effect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs; (d) at home the injured worker should maintain a pain diary, which includes entries such as pain triggers and incidents of end of medication pain; (e) use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control; (f) documentation of misuse of medications; (g) continuing review of overall situation with regard to non-opioid

means of pain control; and (h) consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually considered if the condition or pain does not improve on opioids in 3 months. The physician is noting an improvement in pain management and an increase in activities of daily living after taking this medication. However, reports of pain levels have remained constant demonstrating no improvement in condition. There is no documentation on a pain management program being initiated by this physician, nor is there any documentation of drug urine screening at this time. Norco has been used for temporary relief of pain longer than MTUS guidelines of three months with no improvements. As such, the request is not medically necessary.