

Case Number:	CM14-0068356		
Date Assigned:	07/14/2014	Date of Injury:	01/25/2011
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 01/25/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her cervical spine, lumbar spine, and thoracic spine. The injured worker's treatment history included medications and acupuncture. The injured worker was evaluated on 02/19/2014. It was documented that the injured worker's medications were causing significant gastrointestinal issues. It was noted that the injured worker's pain was improved but not completely resolved with medications. It was noted that the injured worker was previously taking Percocet and wished to transition to Norco and cyclobenzaprine. The injured worker's diagnoses included cervicgia, lumbar radiculitis, sciatica, and thoracic pain. The injured worker's treatment plan included continuing gabapentin 600 mg 1 three times daily, initiating cyclobenzaprine, as it had previously afforded the injured worker significant pain relief and allowed her a more restful sleep, and initiation of Norco 10/325 mg to assist with pain control. The injured worker was evaluated on 05/14/2014. It was documented that the injured worker had been denied Norco and Flexeril. It was noted that the injured worker had 30% to 35% pain relief with the use of Norco, which allowed her to continue to perform her at home exercise program twice daily for 20 to 30 minutes and walk 1 mile 4 days a week. It was noted that her pain level a 5/10 to 6/10 with no medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg. # 90: 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, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg. # 90 is not medically necessary or appropriate. Base California Medical Treatment Utilization Schedule recommends continued use of opioids on documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has 5/10 to 6/10 pains without medications. However, there is no documentation of a quantitative assessment of a reduction in pain resulting from the use of medication. It is noted that the injured worker is able to participate in a home exercise program because of the use of medication. However, there is no documentation that the injured worker is monitored for aberrant behavior. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg. # 90 is not medically necessary or appropriate.

Cyclobenzaprine 10 mg. # 120: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The requested Cyclobenzaprine 10 mg. # 120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants to manage chronic pain. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has previously used this medication with good result. However, the requested amount exceeds the duration of 2 to 3 weeks. Therefore, the prescription would not be supported in this clinical situation. As such, the requested Cyclobenzaprine 10 mg. # 120 is not medically necessary or appropriate.