

<b>Case Number:</b>	CM14-0071322		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of June 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; initial mobilization with Cam walker; unspecified amounts of physical therapy and acupuncture; and NSAID therapy. In a utilization review report dated April 1, 2014, the claims administrator approved a request for Naprosyn while denying request for Norco and cyclobenzaprine. The claims administrator apparently based the denial of Norco on lack of functional improvement with the same. The applicant's attorney subsequently appealed. A handwritten progress note dated March 4, 2014, was difficult to follow, not entirely legible, noted for continued complaints of 8/10 pain about the foot and ankle. The applicant had apparently discontinued Neurontin owing to side effects of nausea and headaches. The applicant apparently presented for medications refills. The applicant was given diagnosis of ankle and foot strains. X-rays, MRI imaging, and electrodiagnostic testing were endorsed. Eight sessions of physical therapy were sought while the applicant was placed off of work, on total temporary disability. There was no discussion of medication efficacy incorporated into the progress note, which was, as previously noted, extremely difficult to follow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ninety (90) Tablets of Hydrocodone 2.5/325mg.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. There is not any evidence of any reductions in pain or improvements in function achieved as a result of ongoing hydrocodone usage. The applicant continues to report 9/10, severe pain. There is no discussion of any improvements in function achieved as a result of ongoing hydrocodone usage. Therefore, the request is not medically necessary.

**Ninety (90) Tablets of Cyclobenzaprine 7.5MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and Antispasmodics (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 41, Cyclobenzaprine topic. Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is in fact using a variety of other agents, including NSAID such as Naprosyn and opioid such as Norco. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.