

Case Number:	CM14-0074349		
Date Assigned:	07/16/2014	Date of Injury:	02/13/2007
Decision Date:	08/28/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/22/2014

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 Nevada. 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 records presented for review indicate that this 45-year-old female was reportedly injured on February 13, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 18, 2014, is hand written and difficult to read. A prior notes dated April 10, 2014, Indicates that the injured employee is following up for a medication refill. The physical examination demonstrated tenderness and limited range of motion of the cervical spine. There was a positive head compression test. Examination of the bilateral shoulders indicated stiffness and a positive impingement test bilaterally. There was limited range of motion of the lumbar spine secondary to pain and a positive bilateral straight leg raise test. Decreased sensation was noted at the right lower extremity at the L5 and S1 dermatomes and on the left lower extremity at the L5 dermatome. Diagnostic imaging studies and previous treatment was not reviewed during this visit. A request had been made for Norco, cyclobenzaprine, and Cymbalta and was not certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg., one tablet every 6-8 hours prn (as needed) for 30 days, Quantity: 120:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s) : 79-83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter regarding use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): Page 74-78 of 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CAMTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Cyclobenzaprine 7.5 mg. one twice a day for 30 days, Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): es: 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page 63-66 of 127 Page(s): 63-66 of 127..

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. Additionally prescription of 60 tablets to be taken twice daily does not indicate short-term, occasional treatment. For these reasons this request cyclobenzaprine is not medically necessary.

Cymbalta 30 mg., one every day for 30 days, Quantity: 30, Refills: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): : 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 122 of 127 Page(s): 122 of 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor and is recommended as a first-line option for diabetic neuropathy. Though increasing off label use of this medication exists for various pain syndromes, the current clinical indication is for anxiety, depression, diabetic neuropathy, and fibromyalgia. When noting that the record does not reflect that the injured employee has any of these conditions, then there would be no clinical indication to support the use of Cymbalta. Therefore, this request for Cymbalta is not medically necessary.