

Case Number:	CM14-0077569		
Date Assigned:	07/18/2014	Date of Injury:	11/19/2012
Decision Date:	10/01/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 11/19/12 while working as a school bus driver when a car ran a light and hit the front of the bus on the right hand side at approximately 35 mph. She twisted her ankle and her knee struck the dashboard. She was seen by the requesting provider on 12/13/13. She had been unable to complete physical therapy due to illness. She was having intermittent neck pain and low back pain radiating into the legs. Multiple imaging studies are referenced. Physical examination findings included cervical paraspinal, trapezius, and rhomboid muscle tenderness. There was right shoulder tenderness with positive impingement testing. She had lumbar spine paraspinal muscle and gluteus muscle tenderness with restriction of the hamstrings. There was left ankle tenderness and left knee tenderness with crepitus. Recommendations included completion of six additional sessions of pool therapy. Flexeril 10 mg #90 and Vicodin 7.5 mg #60 were prescribed. She was continued at temporary total disability. On 03/14/14 she had ongoing symptoms. Prior treatments had included a cortisone injection without benefit. Additional surgery had not been recommended. She was continued at temporary total disability. Additional pool therapy was recommended. On 04/25/14 she had complaints of decreased cervical and lumbar range of motion, right shoulder pain with limited range of motion, and numbness and tingling affecting the right wrist, hand, and fingers. Physical examination findings included cervical spine, right trapezius, right levator scapula, and right rhomboid muscle tenderness. There was pain with cervical spine range of motion without muscle spasm. There was decreased right upper extremity strength. There was right shoulder tenderness with positive impingement testing and decreased range of motion. In the lumbar spine there was tenderness with hamstring restriction and pain with range of motion. There was no muscle spasm and straight leg rising was negative. There was left ankle tenderness and left knee tenderness with

crepitus. There was an antalgic gait with use of a cane. Flexeril 10 mg #100 and Vicodin 7.5 mg #60 were prescribed. She was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants Page(s): 41; 63.

Decision rationale: In terms of Flexeril (cyclobenzaprine), it is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the requesting provider documents cervical and lumbar spine tenderness without muscle spasm and there is no identified acute injury or exacerbation and Flexeril was being prescribed on a long-term basis. It was therefore not medically necessary.

Vicodin 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Vicodin (hydrocodone/APAP) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed on a long-term basis. The claimant has not returned to work and there is no evidence of progress towards a decreased reliance on medical care or return to work plan. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Vicodin was not medically necessary.