

Case Number:	CM14-0078348		
Date Assigned:	07/18/2014	Date of Injury:	09/23/2012
Decision Date:	09/11/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/28/2014

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:

This case is a 39 year old male with a date of injury on 9/23/2012. A review of the medical records indicate the patient is undergoing treatment for cervical stenosis, cervical radiculopathy, cervical degenerative disc disease, thoracic pain, right ulnar neuropathy right shoulder pain, and bilateral knee pain. Subjective complaints (5/22/2014) include bilateral neck pain with radiation to left arm and 7/10 pain scale. The treating physician notes that the patient has seen a 70% improvement in pain, but medical records indicate pain scores steady at 6/10 (8/12/2013, 9/9/2013, 10/8/2013, 11/6/2013) and 7/10 (12/9/2013). Treatment notes also indicate approximately the same least and most reported pain at 4/10 and 8/10, respectively. Objective complaints (5/22/2014) include tenderness to palpation of cervical spine, decreased cervical ROM due to pain, and sensation intact. Treatment has included chiropractor (unknown number of sessions), acupuncture (unknown number of sessions), physical therapy (6 sessions), naproxen, flexeril (since 9/2013), ultram, and hydrocodone (since 8/2013). A utilization review dated 5/15/2014 non-certified the following: -hydrocodone, 10/325 mg, #90, between 4/24/14 & 4/24/14-cyclobenzaprine, 10 mg, #60, between 4/24/14 & 4/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST - hydrocodone, 10/325 mg, #90, between 4/24/14 & 4/24/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, pg 10, 32 & 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does document average pain, least reported pain, most reported pain, and average pain. The treating physician writes in his rebuttal not to the carrier that the patient has seen 70% improvement in pain, however, the medical notes show minimal changes to his pain scale. There is no documented improvement in pain or function. As such, the request for RETROSPECTIVE REQUEST - hydrocodone, 10/325 mg, #90, between 4/24/14 & 4/24/14in not medically necessary.

RETROSPECTIVE REQUEST - cyclobenzaprine, 10 mg, #60, between 4/24/14 & 4/24/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, pg 10, 32 & 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation (ODG) Pain, Cyclobenzaprine (Flexeril®) UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic

medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine.ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against.As such, the request for RETROSPECTIVE REQUEST - cyclobenzaprine, 10 mg, #60, between 4/24/14 & 4/24/14 is not medically necessary.