

Case Number:	CM14-0095701		
Date Assigned:	07/25/2014	Date of Injury:	05/25/2011
Decision Date:	09/23/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/20/2014

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 Interventional Spine 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 patient is a 51-year-old female with an injury date of 05/25/2011. According to the 06/02/2014 progress report, the patient complains of bilateral hand numbness, tingling, and pain in both her hands. She also has lower back pain, lower extremity pain, and neck pain. Upon examination of the wrist, the patient has positive provocative test for carpal tunnel syndrome, bilaterally, with a positive compression test, bilaterally. The patient also has a positive Tinel's sign over the median nerve at the wrist bilaterally. The 05/15/2014 report indicates that the patient complains of lower back pain with radiation to the left lower extremities rating her pain as an 8/10. The patient rates her bilateral wrist pain as a 7/10. The patient's diagnoses include the following: 1.Lumbalgia/lumbar intervertebral disk without myelopathy.2.Carpal tunnel syndrome.3.Cervical degenerative disk disease.4.Overuse syndrome, hypermobility syndrome.The utilization review determination being challenged is dated 06/06/2014. Treatment reports were provided from 02/05/2014 - 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG 1 TAB PO QHS PRN #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Muscle relaxants Page(s): 64, 63.

Decision rationale: Based on the 06/02/2014 progress report, the patient has bilateral hand numbness as well as tingling and pain. The request is for Flexeril 10 mg 1 tablet p.o. q.h.s. p.r.n. #30. The patient has been taking Flexeril as early as 03/19/2014. According to the MTUS Guidelines, cyclobenzaprine is "not recommended to be used for longer than 2 to 3 weeks." The patient has been taking this medication on a long-term basis which is not within MTUS Guidelines. Recommendation is for denial.

NORCO 10/325MG 1 TAB PO BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
OPIOID Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Medications for chronic pain , CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89.

Decision rationale: Based on the 06/02/2014 progress report, the patient complains of bilateral hand numbness, tingling, and pain. The request is for Norco 10/325 mg 1 tablet p.o. b.i.d. p.r.n. #60. The patient has been taking Norco as early as 03/19/2014. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater provides no discussion as to what Norco has done for the patient's pain. There are no pain scales provided nor are there any changes in activities of daily living mentioned. Recommendation is for denial.