

Case Number:	CM14-0098062		
Date Assigned:	07/28/2014	Date of Injury:	12/23/2003
Decision Date:	08/28/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation, has a subspecialty in Pain 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 is a 70-year-old female who sustained a remote industrial injury on 12/23/03 diagnosed with cervicalgia, displacement of cervical intervertebral disc without myelopathy, brachial neuritis, and neuralgia neuritis. Mechanism of injury occurred when the patient slid down a handicap ramp during heavy rainfall, falling on her extended hands and knees. The request for Cyclobenzaprine 10mg #30 with 1 refill was non-certified at utilization review due to the lack of support from guideline recommendations and the recorded use of this medication since 10/23/13, while the request for Norco 10/325mg #90 was modified at utilization review to certify Norco 10/325mg #60 for the purpose of weaning as there is a lack of quantitative objective functional improvement to support continued use. The most recent progress note provided is 07/08/14. Patient complains primarily of neck soreness and pain with headaches. Patient reports significant improvement in headaches with the use of Flexeril while Tylenol migraine medicine does help some with the headaches but can take several hours to help. Patient reports increased pain with the decrease in Norco. Physical exam findings reveal decreased range of motion of the cervical spine; tenderness to palpation of the greater occipital nerve insertion to the cranium; decreased range of motion of the lumbar spine; and bilateral grip strength of 4/5. Current medications include: Atenolol, Cyclobenzaprine 10mg one pill every night, Maxzide, Nifedipine, and Norco 10/325mg one three times a day. It is noted that the patient's medications provide functional improvement by allowing the patient to drive, clean, and dress herself without severe pain. The previous progress report highlighted a pain reduction from a 10/10 to a 7/10 with medication use. Provided documents include several previous progress reports, several urine toxicology reports with the most recent one dated 06/06/14, a previous Utilization Review dated 05/03/13 that certifies Norco 10/325mg for weaning purposes, and two Agreed Medical Evaluations. The patient has been prescribed Norco since at least 04/27/12 and Cyclobenzaprine since at least

10/23/13. The patient's previous treatments include physical therapy, chiropractic treatment, epidural steroid injections, shoulder injections, rotator cuff repair surgery, and medications. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), pages 41-42 Page(s): 41-42.

Decision rationale: The medical necessity of Cyclobenzaprine is compared to CA MTUS criteria. According to MTUS guidelines on Flexeril, The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Provided documentation does not meet MTUS criteria because use is outside of the acute setting as the recommended use of Cyclobenzaprine is for short duration and the patient's date of injury is 2003. Further, documentation reveals the patient has taken Flexeril since 10/23/13. There is also no documentation of spasticity in the objective findings and guidelines do not discuss the treatment of Flexeril for headaches. For these reasons, medical necessity is not established and the request for Cyclobenzaprine 10mg #30 with 1 refill is not medically necessary.

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

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

Decision rationale: According to CA MTUS guidelines, on-going management of opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the treating physician does quantifiably document functional improvement, including an increase in the ability of the patient to drive, clean, and dress herself without severe pain, and a pain reduction from a 10/10 to a 7/10 with current opioid use. There is also documentation of several urine drug screens performed that reveal the patient is compliant and consistent with medication use. As such, the ongoing use of chronic opioids is supported by MTUS guidelines and certification of Norco 10/325mg #90 is medically necessary.