

<b>Case Number:</b>	CM13-0021873		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 injured worker is a 49 year old female who sustained an industrial injury on 02/09/2010. Medical records (05-31-2013 to 07-01-2013) indicated the worker was treated for neck pain with bilateral upper extremity radiculopathy and left shoulder pain. Her diagnoses include cervical spine sprain and strain with left upper extremity radiculitis. In the provider notes of 07-01-2013, the worker complains of constant neck pain with bilateral upper arm radicular symptoms. A cervical epidural is scheduled. At the visit, she states her medication decreases the pain from a 10 on a scale of 0-10 to a 6-7. On exam, she is tender to palpation in the bilateral upper trapezius and the levator scapula and has myospasms. She has a positive compression test. The left shoulder is tender to palpation. The treatment plan is for refill of medications. She is taking cyclobenzaprine and hydrocodone-APAP, both of which have been prescribed since at least 05-31-2013. A request for authorization was submitted for RETROSPECTIVE REQUEST (DOS: 8/2/13) FOR CYCLOBENZAPRINE HCL 7.5MG #60 and RETROSPECTIVE REQUEST (DOS: 8/2/13) FOR HYDROCODONE/APAP 10/325MG #60. A utilization review decision 08/29/2013 non-certified both requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DOS: 8/2/13) FOR CYCLOBENZAPRINE HCL 7.5MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for retrospective request (DOS: 8/2/13) for cyclobenzaprine HCL 7.5mg #60, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested retrospective request (DOS: 8/2/13) for cyclobenzaprine HCL 7.5MG #60 is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 8/2/13) FOR HYDROCODONE/APAP 10/325MG #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for retrospective request (DOS: 8/2/13) for hydrocodone/APAP 10/325mg #60, California Pain Medical Treatment Guidelines state that Hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (patient is working full time and reduced VAS). As such, there is clear indication for ongoing use of the medication. However, there is no documentation regarding side effects, and no discussion regarding aberrant use but a one-month prescription of this medication should be sufficient to allow the requesting physician time to document that better. In light of the above issues, the currently requested retrospective request (dos: 8/2/13) for hydrocodone/APAP 10/325mg #60 is medically necessary.

