

Case Number:	CM14-0190476		
Date Assigned:	11/21/2014	Date of Injury:	02/21/2007
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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:

The injured worker is a 46 year old female reported dated of injury is 02/21/2007. The mechanism of the injury was not documented in the submitted clinical records for review. According to the records made available for review, the injured worker continues with complaint of headaches that occur 2 to 3 times per week, lasting several hours, the pain starts in the back of her head and extends to the front area causing her to be sensitive to light; in addition the injured worker had complaint of pain in the cervical spine and both shoulders, the injured described the pain as worse with lifting, extending shoulder motions, gripping, grasping, pushing, pulling and repetitive activities. Diagnoses consist of: Right upper extremity repetitive injury, Right cervical sprain/strain, Right shoulder sprain/strain, Depression and anxiety, Right rotator cuff tendinitis with impingement, Bilateral cervicogenic headaches, Bilateral frontotemporal headaches secondary to chronic pain and right wrist ligamentous tear/disruption of dorsal volar radioulnar ligament. Treatments have consisted of medications, facet injections, medial branch blocks and radiofrequency ablations. The injured worker underwent right shoulder surgery 06/24/2010 and has participated in a functional restoration program 08/2013 through 11/2013. This is a request for medication review: Cyclobenzaprine 10mg #30, Ibuprofen 800mg #90 x 2 refills, Norco 5/325mg #60, Cymbalta 60mg #30 x2 refills. On 11/05/2014 utilization review was performed for the service requested: The Cyclobenzaprine 10mg #30 was non-certified. CA MTUS guidelines were not established. According to the CA MTUS guidelines the clinical documentation submitted for review did not identify acute pain or acute exacerbation of chronic pain; however, due to the nature of the drug, weaning is recommended. The proposed Cyclobenzaprine 10mg #30 was recommended for non-certification. The requested Ibuprofen 800mg #90 x 2 refills were non-certified. CA MTUS guidelines were not established. On-going review and documentation of pain relief, functional status, appropriate medication use and side

effects for patients utilizing ongoing anti-inflammatory medication therapy. The injured worker was approved for this medication in the past; however, documentation of subjective or objective benefit from use of this medication was documented for review. Therefore, the proposed Ibuprofen 800mg #90 was recommended for non-certification. The request for Norco 5/325mg #60 was non-certified. CA MTUS guidelines were not established. . On-going review and documentation of pain relief, functional status, appropriate medication use and side effects for patients utilizing ongoing opioid medication therapy. The injured worker was approved for this medication in the past; however, there was no documentation of significant objective benefit from use of this medication submitted in the clinical records for review, due to the nature of the drug, weaning is recommended. The proposed Norco 5/325mg #60 was recommended for non-certification. The request for Cymbalta 60mg #30 x2 refills was determined to be certified, according to the clinical records submitted for review the injured worker had diagnoses of depression and anxiety as well as continued pain. The psych QME recommended continuation of Cymbalta. Therefore, the proposed Cymbalta 60mg #30 x2 refills were recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Therefore, the requested Cyclobenzaprine is not medically necessary.

Ibuprofen 800mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Ibuprofen 800mg #90 with 2 refills is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Norco 5/325mg #60 is not medically necessary.