MAXIMUS Federal Services

Case Number:	CM14-0208502		
Date Assigned:	12/19/2014	Date of Injury:	05/25/2012
Decision Date:	02/17/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 22, 2012.In a Utilization Review Report dated November 12, 2014, the claims administrator approved a request for Norco, denied a request for Flexeril, denied a request for Relafen, and denied a request for orthopedic spine surgery consultation. The claims administrator referenced an October 16, 2014 progress note in its determination. The claims administrator did allude to the applicant's having had prior cervical spine surgery.On March 12, 2014, the applicant reported ongoing complaints of neck pain. Norco, Flexeril, and acupuncture were endorsed while the applicant was kept off of work, on total temporary disability.In an October 16, 2014 progress note, the applicant reported heightened complaints of neck pain radiating to the right arm. The applicant is having difficulty lifting up her 17-month-old grandchild. 4+/5 right upper extremity strength with hypo-sensorium noted about the arm was noted. The applicant was asked to consult an orthopedic spine surgeon owing to heightened cervical radicular complaints. Norco, Flexeril, and Relafen were endorsed, without any explicit discussion of medication efficacy. The applicant reported difficulty with worsening pain complaints with associated difficulty cleaning her home, vacuuming, and/or doing dishes owing to heightened pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Norco, Relafen, etc. Addition of cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60 tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Relafen 500mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management,Postsurgical Treatment Guidelines.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Relafen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, despite ongoing usage of Relafen. The most recent office visit of October 16, 2014, referenced above, further suggested that ongoing usage of Relafen had failed to curtail the applicant's dependence on opioid agents such as Norco. Similarly, ongoing usage of Relafen failed to ameliorate the applicant's ability to perform activities of daily living as basic as lifting, carrying, doing dishes, doing household chores, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Relafen. Therefore, the request is not medically necessary.

Orthopedic Spine Surgeon Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction section Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative measures, should lead the primary treating provider to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant was/is off of work. Earlier cervical spine surgery was unsuccessful. Heightened radicular complaints were evident on the most recent office visit, referenced above. Obtaining the added expertise of an orthopedic spine surgeon to determine the applicant's suitability for further cervical spine surgery is, thus, indicated. Therefore, the request is medically necessary.