

Case Number:	CM14-0065607		
Date Assigned:	07/11/2014	Date of Injury:	06/27/2011
Decision Date:	12/08/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/08/2014

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. 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

Certification(s)/Specialty: Emergency 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 31 year old male with a date of injury on 06-27-2011. The injured worker is undergoing treatment for herniated nucleus pulposus C5-6 and C6-7 status post anterior cervical disc fusion on 02-20-2014, double crush syndrome with bilateral carpal tunnel syndrome and cubital tunnel syndrome, disc herniation at L4-5 with bulge at L3-4, hypertension, bilateral impingement, depression and migraines. A physician note dated 01-20-2014 documents the injured worker's pain is progressive, severe and unremitting. He states his pain is worse and is not tolerable at this time. Cervical spine surgery has been authorized. He has pain from his neck radiating into his arms. He has numbness, paresthesias and weakness in his bilateral upper extremities. He rates his pain as 8 out of 10. A physician progress note dated 04-14-2014 documents the injured worker is status post cervical surgery on 02-20-2014 and he is doing well. He has weakness and numbness of the left at L5. Straight leg raise and bowstring are positive on the left. He is unable to heel-walk left and toe walk bilaterally. There is mild cervical tenderness and cervical range of motion was not tested. Lumbosacral range of motion is decreased. Babinski's are downward bilaterally. There is bilateral impingement with decreased range of motion. The injured worker reports the medications help with the pain and refills are needed. Treatment to date has included diagnostic studies, medications, left elbow and wrist surgery in October 2012 and on 12-06-2012, status post right shoulder surgery in September 2013, cervical fusion on 02-20-2014, shoulder injections, psychological visits, and physical therapy. Urine drug screens were done of 12-02-2013, and 03-03-2015. The Request for Authorization dated 04-15-2014 includes Flexeril 10mg #90 (since at least 11-13-2013), Hydrocodone/APAP10/325mg #90 (since at least 11-13-2013), and Naproxen Sodium 550mg #90 (since at least 11-13-2013). On 04-21-2014 Utilization Review non-certified the request for Flexeril 10mg #90, Hydrocodone/APAP 10/325mg #90 and Naproxen Sodium 550mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: 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): Opioids for chronic pain.

Decision rationale: The requested Hydrocodone/APAP 10/325mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has is undergoing treatment for herniated nucleus pulposus C5-6 and C6-7 status post anterior cervical disc fusion on 02-20-2014, double crush syndrome with bilateral carpal tunnel syndrome and cubital tunnel syndrome, disc herniation at L4-5 with bulge at L3-4, hypertension, bilateral impingement, depression and migraines. A physician note dated 01-20-2014 documents the injured worker's pain is progressive, severe and unremitting. He states his pain is worse and is not tolerable at this time. Cervical spine surgery has been authorized. He has pain from his neck radiating into his arms. He has numbness, paresthesias and weakness in his bilateral upper extremities. He rates his pain as 8 out of 10. A physician progress note dated 04-14-2014 documents the injured worker is status post cervical surgery on 02-20-2014 and he is doing well. He has weakness and numbness of the left at L5. Straight leg raise and bowstring are positive on the left. He is unable to heel-walk left and toe walk bilaterally. There is mild cervical tenderness and cervical range of motion was not tested. Lumbosacral range of motion is decreased. Babinski's are downward bilaterally. There is bilateral impingement with decreased range of motion. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone/APAP 10/325mg #90 is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines- muscle relaxants.

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

Decision rationale: The requested Flexeril 10mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker is undergoing treatment for herniated nucleus pulposus C5-6 and C6-7 status post anterior cervical disc fusion on 02-20-2014, double crush syndrome with bilateral carpal tunnel syndrome and cubital tunnel syndrome, disc herniation at L4-5 with bulge at L3-4, hypertension, bilateral impingement, depression and migraines. A physician note dated 01-20-2014 documents the injured worker's pain is progressive, severe and unremitting. He states his pain is worse and is not tolerable at this time. Cervical spine surgery has been authorized. He has pain from his neck radiating into his arms. He has numbness, paresthesias and weakness in his bilateral upper extremities. He rates his pain as 8 out of 10. A physician progress note dated 04-14-2014 documents the injured worker is status post cervical surgery on 02-20-2014 and he is doing well. He has weakness and numbness of the left at L5. Straight leg raise and bowstring are positive on the left. He is unable to heel-walk left and toe walk bilaterally. There is mild cervical tenderness and cervical range of motion was not tested. Lumbosacral range of motion is decreased. Babinski's are downward bilaterally. There is bilateral impingement with decreased range of motion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg #90 is not medically necessary.

Naproxen Sodium 550mg #90: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The requested Naproxen Sodium 550mg #90 is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker is undergoing treatment for herniated nucleus pulposus C5-6 and C6-7 status post anterior cervical disc fusion on 02-20-2014, double crush syndrome with bilateral carpal tunnel syndrome and cubital tunnel syndrome, disc herniation at L4-5 with bulge at L3-4, hypertension, bilateral impingement, depression and migraines. A physician note dated 01-20-2014 documents the injured worker's pain is progressive, severe and unremitting. He states his pain is worse and is not tolerable at this time. Cervical spine surgery has been authorized. He has pain from his neck radiating into his arms. He has numbness, paresthesias and weakness in his bilateral upper extremities. He rates his pain as 8 out of 10. A physician progress note dated 04-14-2014 documents the injured worker is status post cervical surgery on 02-20-2014 and he is doing well. He has weakness and numbness of the left at L5. Straight leg raise and bowstring are positive on

the left. He is unable to heel-walk left and toe walk bilaterally. There is mild cervical tenderness and cervical range of motion was not tested. Lumbosacral range of motion is decreased. Babinski's are downward bilaterally. There is bilateral impingement with decreased range of motion. The treating physician has documented persistent inflammatory conditions. The criteria noted above having been met, Naproxen Sodium 550mg #90 is medically necessary.