

Case Number:	CM15-0001809		
Date Assigned:	01/12/2015	Date of Injury:	09/25/2012
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 54 year old male, who sustained an industrial injury on 09/25/2012. He has reported injury to his neck, shoulder blades region, shoulders joints, collarbone and low back. The diagnoses have included status post revision cervical decompression and two-level instrumented fusion, right periscapular pain/strain, resolving lower extremity radiculopathy, and thoracolumbar strain. Treatment to date has included conservative treatment, chiropractic treatments, anterior cervical fusion at C5-C7 (01/15/2014), revision procedure (08/28/2014, use of a bone stimulator, and medications. Currently, the IW complains of pain in the neck, shoulder, collar bone and upper body, memory loss and episodic right leg pain. Previous diagnostic testing included a MRI of the cervical spine (07/30/2014) which showed severe bilateral stenosis at the C5-C7 levels with a paracentral disc protrusion at C6-C7 resulting severe central canal stenosis. Recent diagnostic testing included x-rays of the cervical spine which revealed anterior and posterior spinal fusion at C5 through C7 without evidence hardware failure and no significant changes from previous findings. A MRI of the left shoulder (06/25/2014) showed mild rotator cuff tendinosis, strain, severe adhesive capsulitis, degenerative changes of the labrum and moderate AC joint arthritis with mild subacromial bursitis. The initial cervical fusion procedure resulted in an infection for which a revision was completed. As of 08/28/2014, the IW was discharged with medications that included oxycodone 20 mg 12 hours tablet and oxycodone 5 mg tablet, and instructed to continue taking Flexeril 10 mg and Norco 10/325 mg. On 12/24/2014 Utilization Review non-certified a prescription for Flexeril 10 mg, noting the non-recommendation for chronic long term use and no documented evidence as to when the IW

started taking Flexeril. The MTUS was cited. On 12/24/2014 Utilization Review non-certified a prescription for Norco 10 mg, noting the lack of documentation stating when the IW started taking this medication, and lack of documented pain assessments, complete functional status evaluations, documented appropriate use or side effects. The MTUS was cited. On 01/06/2015, the injured worker submitted an application for IMR for review of Flexeril 10 mg and Norco 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended as an option, using a short course of therapy. See Medications for chronic pain for.

Decision rationale: Treatment to date has included conservative treatment, chiropractic treatments, anterior cervical fusion at C5-C7 (01/15/2014), revision procedure (08/28/2014, use of a bone stimulator, and medications. Currently, the IW complains of pain in the neck, shoulder, collar bone and upper body, memory loss and episodic right leg pain. Previous diagnostic testing included a MRI of the cervical spine (07/30/2014) which showed severe bilateral stenosis at the C5-C7 levels with a paracentral disc protrusion at C6-C7 resulting severe central canal stenosis. Recent diagnostic testing included x-rays of the cervical spine which revealed anterior and posterior spinal fusion at C5 through C7 without evidence hardware failure and no significant changes from previous findings. A MRI of the left shoulder (06/25/2014) showed mild rotator cuff tendinosis, strain, severe adhesive capsulitis, degenerative changes of the labrum and moderate AC joint arthritis with mild subacromial bursitis. The initial cervical fusion procedure resulted in an infection for which a revision was completed. As of 08/28/2014, the IW was discharged with medications that included oxycodone 20 mg 12 hours tablet and oxycodone 5 mg tablet, and instructed to continue taking Flexeril 10 mg and Norco 10/325 mg. MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. As the medical records do not demonstrate a condition of muscle spasm in support of muscle relaxant use, the guidelines do not support the use of flexeril in the insured.

Norco 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 4) On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c)

Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing m

Decision rationale: Treatment to date has included conservative treatment, chiropractic treatments, anterior cervical fusion at C5-C7 (01/15/2014), revision procedure (08/28/2014, use of a bone stimulator, and medications. Currently, the IW complains of pain in the neck, shoulder, collar bone and upper body, memory loss and episodic right leg pain. Previous diagnostic testing included a MRI of the cervical spine (07/30/2014) which showed severe bilateral stenosis at the C5-C7 levels with a paracentral disc protrusion at C6-C7 resulting severe central canal stenosis. Recent diagnostic testing included x-rays of the cervical spine which revealed anterior and posterior spinal fusion at C5 through C7 without evidence hardware failure and no significant changes from previous findings. A MRI of the left shoulder (06/25/2014) showed mild rotator cuff tendinosis, strain, severe adhesive capsulitis, degenerative changes of the labrum and moderate AC joint arthritis with mild subacromial bursitis. The initial cervical fusion procedure resulted in an infection for which a revision was completed. As of 08/28/2014, the IW was discharged with medications that included oxycodone 20 mg 12 hours tablet and oxycodone 5 mg tablet, and instructed to continue taking Flexeril 10 mg and Norco 10/325 mg. ODG guidelines support opioid treatment for patients that have not responded to first line therapy and who have been screened for opioid risk of use and have ongoing opioid mitigation tools being used. There is also no documentation in the medical records of opioid risk mitigation tool assessment or use. As such the medical records do not support use of norco congruent with ODG guidelines for treatment with opioids.