

Case Number:	CM15-0008993		
Date Assigned:	01/27/2015	Date of Injury:	11/12/1998
Decision Date:	05/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old male who reported an injury on 11/12/1998. The mechanism of injury involved a fall. The current diagnoses include cervical sprain, lumbosacral radiculitis, lumbar sprain, right shoulder sprain, and status post 2 separate lumbar spine surgeries. The injured worker presented on 12/16/2014 with complaints of persistent pain in the cervical spine, lumbar spine, and right shoulder rated 8/10. The injured worker utilizes Norco, Elavil, and Flexeril. Upon examination of the cervical spine, there was decreased range of motion with tenderness over the paraspinal and trapezius muscles, positive Spurling's maneuver on the right, positive cervical compression test, decreased muscle strength and sensation in the C5-8 dermatomes bilaterally, and 2+ deep tendon reflexes. Examination of the lumbar spine revealed decreased range of motion with tenderness over the paraspinal muscles, positive Kemp's sign bilaterally, positive straight leg raise bilaterally at 70 degrees, decreased muscle strength and sensation at the L4-S1 dermatomes bilaterally, and 1+ deep tendon reflexes. Examination of the right shoulder revealed decreased range of motion, positive Hawkins impingement sign, and tenderness to palpation with diminished motor strength. Recommendations included continuation of the current medication regimen. The injured worker was also referred to physical therapy for the right shoulder. Authorization of a 30 day trial with a TENS unit was recommended. A Request for Authorization form was then submitted on 12/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL (CYCLOBENZAPRINE HCL) 10MG 1 TAB PO EVERY 8 HOURS PRN WITH FOOD #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication since 07/2014 without any evidence of functional improvement. Given the above, request is not medically appropriate.

NORCO (HYDROCODONE 10/325MG) 1 TAB BY MOUTH EVERY 6-8 HOURS PRN FOR PAIN #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since 07/2014 without any evidence of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. Given the above, the request is not medically appropriate.

ELAVIL (AMITRIPTYLINE) 1 TAB MOUTH BEFORE MED #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines recommend amitriptyline for neuropathic pain. However, the injured worker has continuously utilized the above medication since 08/2014. There is no documentation of objective functional improvement. Given the above, the request is not medically appropriate.

