

Case Number:	CM15-0101914		
Date Assigned:	07/15/2015	Date of Injury:	10/31/2008
Decision Date:	09/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 57 year old female, who sustained an industrial injury on 10/31/08. The injured worker was diagnosed as having status post right shoulder surgery (June 2013), left shoulder pain, cervical pain, left wrist pain, left elbow pain and rule out lumbar disc injury. Treatment to date has included right shoulder surgery, oral medications including Cyclobenzaprine 7.5mg, Naproxen sodium 550mg, Pantaprozole 20mg, Gabapentin 300mg and Hydrocodone 10-325mg; physical therapy, transcutaneous electrical nerve stimulation (TENS) and home exercise program. Currently on April 8, 2015, the injured worker complains of right shoulder pain rated 6-10, left shoulder pain rated 6-10, low back pain with right greater than left lower extremity symptoms 6-10, cervical pain rated 5-10 and left wrist and elbow pain rated 5-10. The injured worker notes current dosing of medication facilitates maintenance of activities of daily living, maintained ability to perform exercise regime and notes Hydrocodone decreases somatic pain on average of 4-5 points. She also noted refractory spasm prior to starting Cyclobenzaprine. Disability status is considered permanent and stationary. Physical exam performed on April 8, 2015 noted tenderness of right shoulder diffusely with limited range of motion, tenderness of left shoulder, normal cervical range of motion and unchanged lumbar exam. The treatment plan included request for physical therapy of bilateral wrists-hands 3 times a week for 4 weeks, continuation of home exercise program, transcutaneous electrical nerve stimulation (TENS), continuation of psychiatric care and prescriptions for Cyclobenzaprine 7.5mg, Naproxen sodium 550mg, Pantaprozole 20mg, Gabapentin 300mg and Hydrocodone 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, 1 by mouth 2-3 times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids, specific drug list - Hydrocodone/Acetaminophen; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, the injured worker reported functional maintenance without mention of functional improvement, documentation of pain relief following opioid was not noted, nor was duration of pain relief. The injured worker had utilized Hydrocodone since at least February 2015 and has not returned to work. A urine drug screen performed on March 10, 2015 was inconsistent with medications prescribed. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

RETROSPECTIVE: Cyclobenzaprine 7.5mg, 1 by mouth 3 times per day as needed for spasms, #90 (Dispensed 4/8/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The request for Cyclobenzaprine 7.5mg is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It appears that the injured worker has been on the medication since at least February 18, 2015. Additionally, the submitted documentation lacked efficacy of the medication, and there was no indication of muscle spasm on physical examination. The injured worker noted refractory spasm prior to initiating Cyclobenzaprine. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.