

Case Number:	CM15-0102413		
Date Assigned:	06/04/2015	Date of Injury:	08/16/2005
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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, 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 (IW) is a 49 year old female who sustained an industrial injury on 08/16/2005. The initial report of injury is not found in the medical records presented. The injured worker was diagnosed as having cervical thoracic spine, right shoulder sprain with internal derangement, gastritis due to medications hypertension, hypercholesterolemia stress, insomnia, and bilateral upper extremity radiculopathy. Treatment to date has included massage and medications, and treatment with a pain management specialist. Currently, the injured worker complains of discomfort and difficulty walking further than short distances, pushing, lifting and/or pulling objects unless they are very light, and walking greater than 15-30 minutes at a time. She has difficulty gripping, grasping, holding and manipulating objects, and much difficulty with reaching above the head. She can climb one flight of stairs with difficulty. Kneeling, bending and squatting are performed with a lot of difficulty. Her sleep is disturbed and her sexual function has changed. Her pain is currently moderate, but it is often severe and interferes in her ability to travel and engage with social and recreational activities. Her pain level averages 7-8/10 and is 1-8/10 at its worst. On examination, the IW has difficulty rising from a sitting position, her posture is effect, and she has a normal gait but moves with stiffness. She has been medication compliant. The plan of care includes a request for authorization of Norco 5 mg Qty 60, and Flexeril 10 mg Qty 30. Her work status is modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function, there is also no documentation regarding side effects. Although there is documentation of pain and monitoring for aberrant use, these two alone are insufficient to warrant continuation of opioids per guidelines. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Flexeril 10 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain – Non-sedating muscle relaxants.

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This medication has been prescribed since at least Feb 2015. Given this, the current request is not medically necessary.