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| Case Number: | CM15-0103759 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 12/16/2010 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60-year-old male, who sustained an industrial injury on 12/16/10. The injured worker was diagnosed as having cervical spine strain/sprain, cervical spine status post C5-6 fusion, cervical spine/bilateral upper extremity radiculopathy and cervical spine bilateral shoulder girdle myofascial pain syndrome. Treatment to date has included cervical fusion, cervical facet blocks at C4-5 and C5-6, oral medications including Norco, diclofenac and cyclobenzaprine; physical therapy, functional restoration program and activity restrictions. Currently, the injured worker complains of pain in neck, left shoulder and upper extremity rated 8/10. He also notes associated numbness in left hand and difficulty sleeping. He is not sure how much his current medications are helping. Physical exam noted non-antalgic gait, ambulation without assistance and is able to rise from a seated position without difficulty. The treatment plan included continuation of functional restoration program and decreasing Cyclobenzaprine 10mg #30, Norco 5/325mg #30 and diclofenac 75mg #30. A request for authorization was submitted for cyclobenzaprine 10mg #30, Norco 5/325mg #30 and Diclofenac 75mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: 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): 41-42.

Decision rationale: This 60 year old male has complained of neck pain since date of injury 12/16/10. He has been treated with surgery, facet blocks, physical therapy and medications to include Cyclobenzaprine for at least 2 months duration. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not medically necessary for this patient.

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 60 year old male has complained of neck pain since date of injury 12/16/10. He has been treated with surgery, facet blocks, physical therapy and medications to include opioids for at least 2 months duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

Diclofenac 75mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 60 year old male has complained of neck pain since date of injury 12/16/10. He has been treated with surgery, facet blocks, physical therapy and medications to include NSAIDS for at least 8 weeks duration. The current request is for Diclofenac. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 8 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Diclofenac is not medically necessary in this patient.