

Case Number:	CM15-0130529		
Date Assigned:	07/10/2015	Date of Injury:	01/06/2002
Decision Date:	08/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: Preventive Medicine, Occupational 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 53 year old male who sustained an industrial injury on 01/06/2002. Mechanism of injury was not documented. Diagnoses include osteoarthritis with a chronic multi focal musculoskeletal pain syndrome. He also has diagnoses of hypertension, hypercholesterolemia, hypothyroidism, diabetes and a cardiac arrhythmia. Treatment to date has included diagnostic studies, status post bilateral carpal tunnel release, back brace and right wrist brace, use of a cane. A physician progress note dated 05/19/2015 documents the injured worker complains on low back pain and bilateral wrist pain. His medications help him to remain somewhat functional and keep his pain at a tolerable level. He is receiving greater than 50% relief while on medication. He does feel the Flexeril 10mg is too strong for him, and he was given 7.5mg dose. His pain is described as being dull and rates his pain as 3 out of 10. He has pain on palpation of the intervertebral spaces. His gait is antalgic. Range of motion is restricted and painful. There is documentation present that on 05/06/2015, a physician review recommended weaning of Cyclobenzaprine and Norco. Treatment requested is for Cyclobenzaprine 7.5mg #120 dispensed on 5/19/15, and Norco 10/325mg #90 dispensed 5/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 dispensed 5/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #90 dispensed 5/19/15 is not medically necessary.

Cyclobenzaprine 7.5mg #120 dispensed on 5/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Cyclobenzaprine 7.5mg #120 is not medically necessary.