

Case Number:	CM15-0131927		
Date Assigned:	07/23/2015	Date of Injury:	02/15/2015
Decision Date:	09/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/08/2015

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: Family Practice

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 52-year-old female, with a reported date of injury of 02/15/2015. The mechanism of injury was a trip and fall on a slip resistant rug. She landed on her knees and then onto the left side of her body. The injured worker's symptoms at the time of the injury included right knee pain, right shoulder pain, right arm pain, right hip pain, neck pain, and right leg pain. The diagnoses include right-sided cervical spine myoligamentous sprain and strain syndrome with right-sided radicular symptoms; cervical spondylosis; right shoulder rotator cuff biceps tendinitis/impingement, rule out rotator cuff tear; lumbar spine myoligamentous sprain and strain syndrome with right-sided radicular symptoms, lumbar spondylosis; rule out major disc herniation; right knee contusion and sprain with traumatic synovitis, rule out internal derangement; and left knee contusion and sprain with traumatic synovitis, rule out internal derangement. Treatments and evaluation to date have included oral medications, acupuncture to the neck and low back with no improvement, and physical therapy to all areas with no improvement. According to the medical report dated 03/30/2015 the diagnostic studies to date have included x-rays of the right knee on 02/15/2015 which showed mild degenerative changes in the lateral compartment with osteophyte formation and trace suprapatellar joint effusion that was non-contributory; x-rays of the right shoulder on 02/15/2015 which was reported as non-contributory; x-rays of the cervical spine in 02/2015 which showed mild degenerative changes that were non-contributory; an MRI of the cervical spine on 04/18/2015 which showed moderate bilateral foraminal stenosis at C5-6 with osteophyte formation; an MRI of the right shoulder on 04/18/2015 that showed full-thickness tear of the supraspinatus and moderate muscle atrophy; an

MRI of the lumbar spine on 04/18/2015 which showed degenerative disc disease with disc protrusions that resulted in severe bilateral foraminal stenosis at L4-5 and L5-S1 and grade 1 spondylolisthesis at L4-5; an MRI of the right knee on 04/18/2015 which showed severe tearing of the medial meniscus at posterior horn with mid-zone subluxation with severe cartilage loss in the medial compartment; and an MRI of the left knee on 04/18/2015 that showed severe tearing of the medial meniscus, synovitis in the joint, and evidence of diffuse mid-substance tear of the anterior cruciate ligament. The progress report dated 06/08/2015 indicates that the injured worker had constant neck pain and stiffness, with radiation of pain, tingling, and numbness to the right arm down to the wrist. She also had constant right shoulder pain with radiation to the neck and pain, tingling, and numbness down to the wrist. The injured worker also had constant low back pain with radiation to the left buttock and numbness and tingling in both legs down to the thighs, and constant pain in the right knee. The objective findings include decreased cervical spine range of motion with pain; decreased right shoulder range of motion with pain; severely positive impingement test in the internal and external rotation; C6 dermatomal hypesthesia; tenderness to palpation of the cervical interspinous ligaments; cervical paraspinal muscle spasm; tenderness of the cervical posterior paraspinal muscle, anterior scalene muscle with spasm, levator scapulae, parascapular superior/rhomboids, rotator cuff area, bicipital groove, and acromioclavicular joint; tenderness to palpation over the right supraspinatus muscles on the upper shoulder area with myospasm; decreased back range of motion; positive bilateral straight leg raise test; tenderness to palpation of the lumbar interspinous ligaments, bilateral sacroiliac areas, bilateral sciatic notches; myospasm of the paraspinal muscles; pain on forced flexion or forced extension of the knee; positive bilateral McMurray's test; no crepitus on the patella; no pain upon compression of the patella; and tenderness of the bilateral lateral joint line and lateral patellofemoral groove. The injured worker was temporary totally disabled. The treatment plan included the continuation of Norco every eight hours as needed for pain and Flexeril (Cyclobenzaprine) prescribed to be taken at bedtime. The treating physician requested Hydrocodone-Acetaminophen 10-325mg #60 and Cyclobenzaprine 10mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10-325mg tablet, day supply: 20, Quantity: 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): 74-96.

Decision rationale: The long-term use of opioids is not supported by the MTUS guidelines for chronic non-malignant pain. The long-term use of opioids leads to dependence and tolerance. In addition, as noted by the MTUS guidelines in order to support continued opioid use. There should be improvement in pain and function. The medical records do not establish significant improvement is pain or objective functional improvement to support the continued use of Hydrocodone/acetaminophen. The request for Hydrocodone/Acetaminophen 10-325mg tablet, day supply: 20, Quantity: 60 is not medically necessary and appropriate.

Cyclobenzaprine 10mg tablets, day supply: 30, Quantity: 30, with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. Chronic use of muscle relaxants is not supported and as such the request for Cyclobenzaprine 10mg tablets, day supply: 30, Quantity: 30, with one refill is not medically necessary and appropriate.