

Case Number:	CM15-0144083		
Date Assigned:	08/05/2015	Date of Injury:	10/10/2013
Decision Date:	09/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on October 10, 2013. She reported noting numbness and tingling in both hands with difficulty gripping her gun as a correctional Officer. The injured worker was diagnosed as having chronic pain, cervical radiculopathy, and cervical spinal stenosis. Treatments and evaluations to date have included cervical epidural steroid injection (ESI), acupuncture, electrodiagnostic studies, MRI, physical therapy, home exercise program (HEP), and medication. Currently, the injured worker reports neck pain that radiates down the bilateral upper extremities left greater than right, numbness in the bilateral upper extremities, bilateral occipital and frontal headaches, upper extremity pain, and severe difficulty with sleeping. The Treating Physician's report dated June 1, 2015, noted the injured worker reported her pain as 6 out of ten in intensity on average since the previous visit with medications, and 9 out of 10 in intensity on average without medications since the previous visit. The injured worker noted her pain recently worsened, improved with medications, with ongoing activities of daily living (ADLs) limitations due to pain. The injured worker reported greater than 80% overall improvement with a cervical epidural steroid injection (ESI) on September 19, 2014, with acupuncture providing 50% improvement. The physical examination was noted to show spinal vertebral tenderness in the cervical C5-C7, with myofascial trigger points with twitch response in the trapezius muscles bilaterally, cervical range of motion (ROM) moderately to severely limited due to pain, and decreased sensation in the bilateral upper extremities and the C6 affected dermatome. The injured worker was noted to currently not be working. The treatment plan was noted to include continuation of the home

exercise program (HEP), a urine drug screen (UDS), and renewal of medications including Flexeril and Norco, with the injured worker's current medications listed as Cyclobenzaprine, Norco, Hydrochlorothiazide, Levothyroxine, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg quantity 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The patient has ongoing neck and upper back pain along with pain, numbness and tingling in the upper extremities bilaterally. The current request is for Cyclobenzaprine 10mg QTY: 45. The attending physician states that the patient has failed to improve despite all conservative measures and has recommended neck surgery. He is recommending Cyclobenzaprine and Norco for pain management. The CA MTUS has this to say about Muscle Relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS further indicates that Cyclobenzaprine is recommended for a duration of not greater than 3 weeks. In this case, the patient complains of neck and upper back pain. The physical exam does not indicate the patient is suffering from muscle spasms. The records do not indicate the patient has suffered an acute exacerbation of her condition, but rather is dealing with ongoing chronic pain, which is not improving with time and conservative measures. The MTUS clearly indicates that muscle relaxants are for short-term treatment of acute exacerbations, and prolonged use of these medications may lead to dependence. The records made available for review do not establish medical necessity for the request of Cyclobenzaprine.

Norco 5/325mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continuation or modification of pain management Page(s): 8-9.

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

Decision rationale: The patient has ongoing neck and upper back pain along with pain, numbness and tingling in the upper extremities bilaterally. The current request is for Norco 5/325mg quantity 90. The attending physician states that the patient has failed to improve despite

all conservative measures and has recommended neck surgery. He is recommending Cyclobenzaprine and Norco for pain management. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is clear documentation that the medication has reduced pain levels from 8/10 to 6/10 using a NPS. The IW has been returned to modified work. CURES reporting was consistent and there was no mention of adverse effects. The request is medically necessary.