

Case Number:	CM15-0166690		
Date Assigned:	09/11/2015	Date of Injury:	05/29/2014
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on 5-29-2014. The mechanism of injury was not provided. The injured worker was diagnosed as having right shoulder tendinitis, acromioclavicular osteo arthropathy and cervical myofascial pain. A recent progress report dated 7-23-2015, reported the injured worker complained of right shoulder pain, rated 7 out of 10, compensatory left shoulder pain rated 3 out of 10 and cervical pain, rated 3 out of 10. Documentation states the medications facilitate activities of daily living. Physical examination revealed right shoulder positive impingement sign and positive Jobe test with range of motion inconsistent: flexion 90 degrees in one line of report and 130 degrees in another line of report and abduction 80 degrees in one line of report and 120 degrees in another line of report. Cervical spine tenderness with range of motion: flexion 40 degrees, extension 30 degrees, left and right rotation 35 degrees and left and right lateral tilt 35 degrees. Treatment to date has included Hydrocodone for break through pain from Cymbalta, Cyclobenzaprine for muscle spasm, acupuncture, failed physical therapy and injections. On 8-12-2015, the Request for Authorization requested Hydrocodone 10-325 mg #60 and retrospective Cyclobenzaprine 7.5 mg #90 with a date of service of 7-23-2015. On 8-19-2015, the Utilization Review noncertified Hydrocodone 10-325 mg #60 due to no quantifiable pain reduction and noncertified retrospective Cyclobenzaprine 7.5 mg #90 with a date of service of 7-23-2015, due to muscle relaxers are for short duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 10/325mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right shoulder tendinitis with infraspinatus and supraspinatus; acromioclavicular osteoarthropathy right shoulder; and cervical myofascial pain. Date of injury is May 29, 2014. Request for authorization is August 12, 2015. The earliest progress note in the medical record containing hydrocodone/APAP and cyclobenzaprine is dated January 8, 2015. Subjective complaints include right shoulder pain 7/10 and neck pain 8/10. According to the most recent progress note dated July 23, 2015, the injured worker complains of pain to the right shoulder 4/10 and neck 5/10. There is no documentation demonstrating objective functional improvement to support ongoing hydrocodone/APAP 10/325 mg. There are no detailed pain assessments or risk assessments. There is no attempt at weaning documented in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing hydrocodone/APAP, no detailed pain assessments or risk assessments and no documentation with attempted weaning of hydrocodone/APAP, hydrocodone/APAP 10/325mg #60 is not medically necessary.

Retro: Cyclobenzaprine 7.5mg #90 date of service 7/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective cyclobenzaprine 7.5 mg #90 date of service July 23, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right shoulder tendinitis with infraspinatus and supraspinatus; acromioclavicular osteoarthropathy right shoulder; and cervical myofascial pain. Date of injury is May 29, 2014. Request for authorization is August 12, 2015. The earliest progress note in the medical record containing hydrocodone/APAP and cyclobenzaprine is dated January 8, 2015. Subjective complaints include right shoulder pain 7/10 and neck pain 8/10. According to the most recent progress note dated July 23, 2015, the injured worker complains of pain to the right shoulder 4/10 and neck 5/10. There is no documentation-demonstrating objective functional improvement to support ongoing cyclobenzaprine 7.5 mg. Cyclobenzaprine is indicated for short-term (less than two weeks) of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation of acute low back pain or energy to exacerbate chronic low back pain. Cyclobenzaprine has been continued well in excess of short-term (less than two weeks) treatment (approximately 6 months, at a minimum). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of short-term (less than two weeks) for six months, and no documentation demonstrating objective functional improvement to support ongoing cyclobenzaprine, retrospective cyclobenzaprine 7.5 mg #90 date of service July 23, 2015 is not medically necessary.