

Case Number:	CM15-0186717		
Date Assigned:	09/28/2015	Date of Injury:	04/23/2015
Decision Date:	11/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 29-year-old male, with a reported date of injury of 04-23-2015. The diagnoses include cerebral concussion, cervical strain, and dental injuries. Treatments and evaluation to date have included physical therapy, Percocet, Relafen, Norco (since at least 08-2015), and Flexeril (since at least 08-2015). The diagnostic studies to date have included a CT scan of the cervical spine on 04-23-2015 which showed no evidence of acute osseous injury of the cervical spine; a CT scan of maxillofacial on 04-23-2015 which showed polypoid densities in the right and left maxillary sinuses with mucosal thickening in keeping with retention cysts or polyps; and a CT scan of the head on 04-23-2015 which showed no acute intracranial pathology. The progress note dated 08-19-2015 is handwritten and somewhat illegible. The treatment plan included Norco (hydrocodone-acetaminophen) and Flexeril (cyclobenzaprine). The injured worker was instructed to return to modified work. The medical report dated 05-08-2015 indicates that the injured worker complained of persistent headache, neck pain, back pain, dental pain, and light sensitivity. The neurological examination showed tenderness of the face with swelling from the oral injuries; and some tenderness and spasms with 50-75% decreased range of motion of the cervicothoracic spine. There was no indication of a narcotic pain agreement, functional status, or urine drug screening. The treating physician requested Hydrocodone-Acetaminophen 7.5-325mg #90 and Cyclobenzaprine HCL 10mg #50. On 09-17-2015, Utilization Review (UR) non-certified the request for Hydrocodone-Acetaminophen 7.5-325mg #90 and Cyclobenzaprine HCL 10mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - Acetaminophen 7.5/325mg #90: 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, criteria for use.

Decision rationale: Hydrocodone - Acetaminophen 7.5/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not support clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) which is recommended by the MTUS. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued Hydrocodone-Acetaminophen is not medically necessary.

Cyclobenzaprine HCL 10mg #50: 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), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine HCL 10mg #50 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The patient has been using this medication already since at least August of 2015. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week MTUS recommended time period for this medication. The request for Cyclobenzaprine is not medically necessary.