

Case Number:	CM15-0198269		
Date Assigned:	10/13/2015	Date of Injury:	11/26/2012
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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, North Carolina
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 59-year-old male, who sustained an industrial injury on 11-26-12. The injured worker has complaints of constant, achy, cervicgia with pain that radiates into his bilateral upper extremities. The injured worker reports the pain is worse with driving and neck movement and is improved with lying down. There is tenderness to palpation over his bilateral cervical paraspinal muscles and he has pain with ranging of his cervical spine and in range forward flexion and extension. The pain radiates into his left upper extremity with Spurling's maneuver. There is tenderness to palpation over his bilateral lumbar paraspinal muscles and pain with extension or rotation of his lumbar spine. The diagnoses have included cervicgia. Treatment to date has included injections; hydrocodone and chlorzoxizone. The original utilization review (9-29-15) modified the request for hydrocodone 10-325mg (treatment 9-4-15) #60 to #54. The request for chlorzoxazone 500mg (treatment 9-4-15) #180 has been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg (Rx 9/4/15) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines supports the use of long-term opioids in cases of moderate to moderately severe pain. There are not intended for long-term use, however may be utilized if there is significant pain relief, functional improvement and return to work. In this case, the patient has been taking opioids on a long-term basis. However there is no evidence of analgesia, functional benefit, or lack of adverse effects documented in the records. At a visit on 9/4/2015 the patient's stated pain was a 10/10 and he has stated he does not like pain medication. There is also no documentation of use of the lowest possible dose of opioid or that the prescriptions are provided by a single provider. Therefore, the request for Hydrocodone is not medically necessary or appropriate.

Chlorzoxazone 500mg (Rx 9/4/15) #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Pain (Chronic), muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines state that muscle relaxants are recommended for short-course therapy. Limited, mixed evidence does not allow for long-term use. Muscle relaxants are recommended for 3-4 days of use for acute muscle spasm and no more than 2-3 weeks total. In this case, the patient has been on long-term therapy with muscle relaxants, which is not recommended. Therefore, the request for Chlorzoxazone is not medically necessary or appropriate.