

Case Number:	CM15-0200626		
Date Assigned:	10/16/2015	Date of Injury:	11/01/2007
Decision Date:	11/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, 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 58-year-old female who sustained an industrial injury on 11-1-2007. Diagnoses have included degenerative cervical disc, ulnar nerve lesion, lateral epicondylitis, radial styloid tenosynovitis, and headache. Documented treatment includes Botox, cervical radiofrequency ablation, trigger point injections, right shoulder cortisone injection, facet rhizotomy, and she has tried multiple medications including morphine; Exalgo; Percocet; Butrans; and, Flector patches. She is presently prescribed Hydrocodone, Pennsaid, Clonazepam, Trazodone, and Gabapentin. She had been switched from Norco to Morphine which caused hallucinatory side-effects. Other pain medication either provided unwanted side effects or were not effective. The injured worker was placed back on hydrocodone in early 2015 and continues to be treated with that. She has been on Flexeril due to muscle spasms in the neck and upper back since 8-11-2015 stated 9-10-2015 to help with muscle spasms and, in conjunction with Norco, improve neck mobility and decrease pain level by as much as 80 percent. This medication regimen is also noted to enable her to perform housework, and be active. On 9-28-2015 the injured worker reported continuing neck pain radiating into both shoulders, with pain, numbness and tingling radiating down both arms. No objective musculoskeletal assessment was provided in the note. The treating physician's plan of care includes a cervical epidural steroid injection scheduled 9-29-2015, and she has been approved for additional Botox injections for headaches. A request was submitted for Hydrocodone-APAP 10-3325 mg #180 and Flexeril 10 mg #90. On 10-2-2015, Hydrocodone was modified to #135, and Flexeril was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Apap 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months. There was no mention of Tylenol, NSAID, or weaning failure. The continued and chronic use of Hydrocodone is not medically necessary.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a month along with opioids, and antidepressants. Continued use of Flexeril (Cyclobenzaprine) extends beyond the time frame recommended by the guidelines and is not medically necessary.