

Case Number:	CM15-0206555		
Date Assigned:	10/23/2015	Date of Injury:	10/14/2011
Decision Date:	12/08/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/21/2015

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

Certification(s)/Specialty: Emergency 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:

This 62 year old male sustained an industrial injury on 10-14-11. Documentation indicated that the injured worker was receiving treatment for ongoing left shoulder and low back pain. Previous treatment included left shoulder rotator cuff repair (2012), cervical spine surgery, physical therapy and medications. In a PR-2 dated 4-23-15, the injured worker complained of low back pain associated with some right leg sciatica, rated 6 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation at the right L4-5 paraspinal with positive right straight leg raise. The injured worker walked with a normal gait. The treatment plan included medications (Flexeril, Vicodin and Ambien). In a PR-2 dated 9-23-15, the physician stated that the injured worker suffered from ongoing bilateral hand numbness and weakness. The physician noted that the injured worker had been recommended for bilateral ulnar decompression surgeries by a qualified medical examiner on 12-18-14; however the injured worker had not yet had a referral for treatment of these problems. Physical exam was remarkable for left shoulder with "full but somewhat slow" range of motion, no "severe" tenderness to palpation, atrophy of the interosseous muscles between bilateral thumbs and index fingers and 4 out of 5 grip strength. The treatment plan included a new prescription for Cyclobenzaprine and continuing Vicodin (prescribed since at least 4-23-15). On 10-19-15, Utilization Review modified a request for Vicodin 5-325mg #90 to Vicodin 5-325mg #81 and non-certified a request for Cyclobenzaprine 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg Qty: 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: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least 3months. Documentation showed that patient was on Flexeril and then "changed" to cyclobenzaprine which is the same thing. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.

Vicodin 5/325mg Qty: 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, Opioids for chronic pain.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any improvement in pain or functional status. There is no documentation of urine drug screen or risk assessment for abuse or side effects. The request is not medically necessary.