

Case Number:	CM15-0020373		
Date Assigned:	02/09/2015	Date of Injury:	05/24/2012
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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 35-year-old female who reported an injury on 05/24/2012. The injured worker's mechanism of injury was cumulative trauma due to repetitive carrying of heavy objects. The injured worker was noted to have undergone an MRI of the left shoulder, lumbar spine, and thoracic spine. The documentation indicated the injured worker had been on muscle relaxants and opiates since at least 08/2013. The injured worker underwent a cervical discectomy with plating at C5-6 and decompression. The injured worker underwent a CT of the cervical spine on 07/07/2014. The documentation of 01/05/2015 revealed that the injured worker had pain of 10/10 at times. The physical examination revealed the injured worker had decreased range of motion of the cervical spine. Cervical spine movement was painful. There were multiple myofascial trigger points in the cervical paraspinous muscles, trapezius muscles, thoracic paraspinous muscles, and lumbar paraspinous muscles. Sensation was intact to light touch. The medications were noted to include cyclobenzaprine 10 mg 1 tablet 3 times a day and Norco 10/325 mg 1 tablet every 8 hours as needed. diagnosis included cervical post fusion syndrome status post C5-6 cervical fusion and plating, left upper extremity radiculopathy, left shoulder internal derangement, thoracic degenerative disc disease, lumbar degenerative disc disease, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. The documentation indicated the injured worker had utilized 24 sessions of physical therapy and chiropractic care. The recommendations were for continued medication. The injured worker was noted to be able to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240 (prescribed 1/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of side effects from the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #240 (prescribed 01/05/2015) is not medically necessary.

Cyclobenzaprine 10mg, #90 with 5 refills (prescribed 1/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. The use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2013. There was a lack of documentation of objective functional benefit and exceptional factors. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 10 mg #90 with 5 refills (prescribed 01/05/2015) is not medically necessary.