

Case Number:	CM15-0021917		
Date Assigned:	02/11/2015	Date of Injury:	01/25/2007
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/05/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on 01/25/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include left shoulder rotator cuff repair and osteoarthritis, cervical radiculopathy and herniated nucleus pulposus, lumbar degenerative disc disease with radiculopathy, and anxiety. Treatment to date has included laboratory studies, medication regimen, magnetic resonance imaging of the cervical spine, and above listed surgery. In a progress note dated 12/05/2014 the treating provider reports stabbing, throbbing, and burning neck pain that radiates to the head and shoulders and throbbing, tingling, burning, and numbing bilateral shoulder pain that radiates to the fingers. The injured worker rates the neck pain a seven out of ten and the bilateral shoulder pain a six out of ten. The documentation provided did not include the requested treatments listed below. On 01/22/2015 Utilization Review non-certified the requested treatments of Cyclobenzaprine HCl 10mg per 01/18/2015 prescription date with a quantity of 90 and Hydrocodone-Acetaminophen 10/325mg per 01/18/2015 prescription date with a quantity of 90, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain Medical Treatment Guidelines: page 64, page 91, pages 78 to 80, and page 124.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulders. The current request is for Cyclobenzaprine HCL 10mg QTY: 90. The treating physician states, "The patient presents with a stabbing, radiating, throbbing, burning quality. Pattern of pain is noted to be continuous." (67B) The MTUS guidelines state, "This medication is not recommended to be used for longer than 2-3 weeks." In this case, the treating physician has been prescribing this medication to the patient since at least October 2014 which would exceed the recommended guideline of 2-3 weeks. The current request is not medically necessary and the recommendation is for denial.

Hydrocodone-Acetaminophen 10/325mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91.

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulders. The current request is for Hydrocodone- Acetaminophen 10/325mg QTY: 90. The treating physician states that the patient rates their pain as a 6-7/10 and does not have any medication side effects. (67B) For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the medical records have not documented before or after pain scales. There is no mention of functional improvement with medication usage and no discussion regarding aberrant behavior. MTUS guidelines require much more thorough documentation for continued opioid usage. The current request is not medically necessary and the recommendation is for denial.