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| Case Number: | CM15-0023113 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 05/24/2012 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/13/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

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, Arizona

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 reported an injury on 05/24/2012. The mechanism of injury was unspecified. Her diagnoses include cervical radiculopathy secondary to left C5-6 neural foraminal encroachment and left shoulder arthropathy with a history of rotator cuff partial tear. Her past treatments included medications, surgery, physical therapy, acupuncture, injections, and chronic pain management program. On 01/05/2015, the injured worker complained of head, neck, left shoulder girdle, left scapular, mid back, and low back pain that radiated around her chest. Her associated symptoms included constant sharpness rated 10/10, aggravated by physical activity. The injured worker was noted to have had alleviators to include rest, medications, and cervical traction. Her relevant medications were noted to include cyclobenzaprine 10 mg, Neurontin 600 mg, and Norco 10/325 mg. The treatment plan included interdisciplinary evaluation for more complex treatment planning due to significant psychological issues and her dependency of Norco, and the indication for plan to wean the injured worker off the medication. A Request for Authorization Form was submitted on 01/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 240 count with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, 240 count with no refills is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There was a lack of documentation in regards to objective functional improvement and objective decrease in pain from medication use. There was also lack of documentation to indicate evidence of monitoring for side effects and aberrant drug related behaviors. Furthermore, there was lack of documentation in regards to a current urine drug screen for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Cyclobenzaprine 10 mg, ninety count with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Cyclobenzaprine 10 mg, ninety count with five refills is not medically necessary. According to the California MTUS Guidelines, Muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was lack of documentation to indicate the injured worker had muscle spasms or an acute exacerbation with chronic low back pain. Furthermore, the do not support the use of muscle relaxants due to diminished efficacy over time and the risk of dependence on medication use. Based on the above, this request is not supported by the evidence based guidelines. As such, the request is not medically necessary.