

Case Number:	CM15-0214331		
Date Assigned:	11/04/2015	Date of Injury:	07/01/2014
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/30/2015

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: 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 47-year-old female, with a reported date of injury of 07-01-2014. The diagnoses include cervical spine strain and sprain, thoracic spine strain and sprain, bilateral elbow strain and sprain, bilateral carpal tunnel syndrome, and right TFCC (triangular fibrocartilage complex) tear. The progress report dated 08-18-2015 indicates that the injured worker complained of constant neck and mid-back pain, with radiation to the left upper extremity with numbness and tingling. The pain was rated 7 out of 10. She also complained of constant bilateral elbow pain, rated 4 out of 10 on the right and 7 out of 10 on the left; and constant bilateral wrist pain, rated 6-7 out of 10. The progress report dated 07-30-2015 indicates that the injured worker rated her neck, mid-back, bilateral elbow, and bilateral wrist pain 7 out of 10. The objective findings (08-18-2015) include cervical flexion at 40 degrees; cervical extension at 45 degrees; cervical right lateral flexion at 25 degrees; cervical left lateral flexion at 25 degrees; cervical right rotation at 60 degrees; cervical left rotation at 60 degrees; right elbow flexion at 120 degrees; right elbow extension at 0 degrees; right elbow pronation at 60 degrees; left elbow flexion at 115 degrees; left elbow extension at 0 degrees; left elbow pronation at 60 degrees; right wrist flexion at 40 degrees; right wrist extension at 45 degrees; left wrist flexion at 40 degrees; left wrist extension at 45 degrees; thoracic spine flexion at 30 degrees; thoracic spine right rotation at 10 degrees; and thoracic spine left rotation at 10 degrees. It was noted that electrodiagnostic studies showed evidence of bilateral median neuropathy localized across the wrists consistent with bilateral moderate carpal tunnel syndrome, and possible C5-6 radiculopathy. It was noted that the injured worker was not working and remained on temporary

total disability. The injured worker was instructed to remain temporarily totally disabled for six weeks. The diagnostic studies to date have included a urine drug screen on 09-22-2015, which was positive for hydrocodone, hydromorphone, Norhydrocodone, benzodiazepine, and acetaminophen; and a urine drug screen on 08-18-2015 with consistent findings for hydrocodone, hydromorphone, Norhydrocodone and inconsistent findings for cyclobenzaprine and a benzodiazepine. Treatments and evaluation to date have included Norco (since at least 06-2015) and Cyclobenzaprine (since at least 06-2015), physical therapy, and a home exercise program. The request for authorization was dated 10-06-2015. The treating physician requested Norco 5-325mg #90 and Cyclobenzaprine Hydrochloride 7.5mg #60. On 10-13-2015, Utilization Review (UR) non-certified the request for Norco 5-325mg #90 and Cyclobenzaprine Hydrochloride 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 10/12/15 with neck and mid back pain rated 7/10 which radiates into the left upper extremity, bilateral elbow pain rated 4/10 on the right and 7/10 on the left, and bilateral wrist pain rated 6-7/10. The patient's date of injury is 07/01/14. The request is for NORCO 5/325MG #90. The RFA is dated 10/06/15. Physical examination dated 10/12/15 reveals cervical flexion at 40 degrees; cervical extension at 45 degrees; cervical right lateral flexion at 25 degrees; cervical left lateral flexion at 25 degrees; cervical right rotation at 60 degrees; cervical left rotation at 60 degrees; right elbow flexion at 120 degrees; right elbow extension at 0 degrees; right elbow pronation at 60 degrees; left elbow flexion at 115 degrees; left elbow extension at 0 degrees; left elbow pronation at 60 degrees; right wrist flexion at 40 degrees; right wrist extension at 45 degrees; left wrist flexion at 40 degrees; left wrist extension at 45 degrees; thoracic spine flexion at 30 degrees; thoracic spine right rotation at 10 degrees; and thoracic spine left rotation at 10 degrees. The patient is currently prescribed Norco and Flexeril. Patient is currently classified as temporarily very disabled. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting

benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." About the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of opioid efficacy. Progress notes dated 07/30/15 and 10/12/15 do not address the efficacy of this patient's medication regimen whatsoever. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. While there is no evidence that this patient is inconsistent with his prescribed medications, without appropriate documentation of analgesia, functional improvements, or a statement regarding aberrant behavior, the continuation of narcotic medications is not appropriate. Given the lack appropriate documentation of the 4A's, Norco cannot be substantiated and this patient should be weaned from narcotic medications. The request IS NOT medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg, #60: Upheld

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

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

Decision rationale: The patient presents on 10/12/15 with neck and mid back pain rated 7/10, which radiates into the left upper extremity, bilateral elbow pain rated 4/10 on the right and 7/10 on the left, and bilateral wrist pain rated 6-7/10. The patient's date of injury is 07/01/14. The request is for CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #60. The RFA is dated 10/06/15. Physical examination dated 10/12/15 reveals cervical flexion at 40 degrees; cervical extension at 45 degrees; cervical right lateral flexion at 25 degrees; cervical left lateral flexion at 25 degrees; cervical right rotation at 60 degrees; cervical left rotation at 60 degrees; right elbow flexion at 120 degrees; right elbow extension at 0 degrees; right elbow pronation at 60 degrees; left elbow flexion at 115 degrees; left elbow extension at 0 degrees; left elbow pronation at 60 degrees; right wrist flexion at 40 degrees; right wrist extension at 45 degrees; left wrist flexion at 40 degrees; left wrist extension at 45 degrees; thoracic spine flexion at 30 degrees; thoracic spine right rotation at 10 degrees; and thoracic spine left rotation at 10 degrees. The patient is currently prescribed Norco and Flexeril. Patient is currently classified as temporarily very disabled. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." About the request for the continuation of Cyclobenzaprine, the provider has specified an excessive duration of therapy. This patient has been prescribed Cyclobenzaprine since at least June 2015. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 60 tablets in addition to prior use do not imply short duration therapy. Therefore, the request IS NOT medically necessary.

