

Case Number:	CM15-0031737		
Date Assigned:	02/25/2015	Date of Injury:	08/29/2013
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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 52-year-old female who reported an injury on 08/29/2013 due to an unspecified mechanism of injury. On 02/20/2015, she presented for a follow-up evaluation. She was noted to be taking Norco 5/325 mg 1 by mouth daily twice a day and Flexeril 10 mg 1 by mouth twice a day as needed. At the follow-up evaluation, she reported pain level at a 3/10 with medications, and without medications a 5/10 to 8/10. She reported that her medications were beneficial and reduced her pain by 30% with no side effects. A physical examination of the cervical spine showed improved tenderness and tightness over the bilateral trapezii, a positive Spurling's, and restricted range of motion. There was tenderness about the right shoulder with lateral abduction to 90 degrees and internal rotation and external rotation were normal. There was also tenderness on the right anterior shoulder. She was unable to perform the lumbar spine examination, and the bilateral hips were deferred. She was diagnosed with prolapse cervical intervertebral disc, myofascial pain, degeneration of the lumbar intervertebral disc, inflamed sacroiliac joint, lumbar radiculopathy, arthropathy of the cervical spine facet joint, and trochanteric bursitis. The treatment plan was for hydrocodone 5/325 mg and cyclobenzaprine 10 mg. The rationale for treatment was to continue alleviating the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

Decision rationale: The California MTUS Guidelines indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. The documentation provided does state that the injured worker was having a quantitative decrease in pain and objective improvement in function with the use of this medication. However, no additional urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants as a second line treatment option for low back pain. The documentation provided does indicate that the injured worker was having a quantitative decrease in pain and an objective improvement in function with the use of her medications. However, further clarification is needed regarding how long she has been using cyclobenzaprine for treatment. Without this information, continuing would not be supported, as it is only recommended for short term use. Also, the frequency of the medication was not stated within the medication. Therefore, the request is not supported. As such, the request is not medically necessary.