

Case Number:	CM15-0035791		
Date Assigned:	03/04/2015	Date of Injury:	08/23/2011
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/25/2015

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 56-year-old female, who sustained an industrial injury on 8/23/11. The documentation noted on 12/29/14 that the injured worker has complaints of worsening right cervicocapital, cervical, and right upper extremity radiculopathy as well as deep right shoulder pain with significant but partial improvement with the cortisone in the shoulder. She has low back pain with radiation down to the left lateral leg and into the foot. The diagnoses have included cervical sprain, status post neck surgery; right shoulder sprains; right shoulder surgery on 2/2012 and lumbar sprain with L4-5/L4-S1 spondylolisthesis, Grade 1. The requested treatments was for Norco 10/325mg #90 and Flexeril 10mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 12/29/14 report, the patient presents with worsening right cervico-occipital, cervical, and right upper extremity radiculopathy as well as deep right shoulder pain s/p neck surgery and shoulder surgery of unspecified dates. She has low back pain with radiation down to the left lateral leg and into the foot. The current request is for NORCO 10/325mg #90, Hydrocodone, and an opioid. The RFA is not included. The 02/25/15 utilization review references an RFA dated 02/18/15. The patient is not working. 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 4As (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. The reports show the patient has been prescribed this medication since at least 08/05/14. The patient's pain is routinely assessed through the use of pain scales and shows worsening pain rated 3-9/10 on 08/05/14 and 5-10/10 on 12/29/14. However, the reports do not state if this is with or without medications or show how Norco helps the patient. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. Specific ADL's are mentioned; however, it is unclear from the reports provided how these ADL's are significantly improved through the use of Norco. Control of side effects is discussed and the treating physician states that there is no evidence of abuse, diversion or adverse reaction. A signed pain contract is mentioned; however, no UDS's are documented and CURES is not discussed. In this case, Analgesia and ADL's have not been sufficiently documented as required by the MTUS guidelines. The request IS NOT medically necessary.

Flexeril 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

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

Decision rationale: Per the 12/29/14 report the patient presents with worsening right cervico-occipital, cervical, and right upper extremity radiculopathy as well as deep right shoulder pain s/p neck surgery and shoulder surgery of unspecified dates. She has low back pain with radiation down to the left lateral leg and into the foot. The current request is for FLEXERIL 10mg #60 WITH 1 REFILL-Cyclobenzaprine. The RFA is not included. The 02/25/15 utilization review states the RFA is dated 02/18/15 and that this request was modified from #60 with 1 Refill to #42 with 0 refills. The patient is now working. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The treating physician does not discuss this request in the reports provided. It does not show as a prescribed medication from

08/05/14 to 12/29/14. In this case, the medication is indicated for short-term use for no more than 2-3 weeks. The reports do not explain the intended use of the medication or when it was started. Furthermore, the request for #60 with 1 refill does not indicate short term use. In this case, the request IS NOT medically necessary.