

Case Number:	CM15-0053126		
Date Assigned:	03/26/2015	Date of Injury:	07/31/2012
Decision Date:	05/01/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old male who sustained an industrial injury on 07/31/2012. He reported back and leg pain. The injured worker was diagnosed as having left lumbar radiculopathy and right shoulder status post subacromial decompression. Treatment to date has included diagnostic testing, right shoulder surgery, and oral medications for pain and inflammation. Currently, the injured worker complains of left and right knee pain, low back pain, and right shoulder pain. Treatment plan includes further diagnostic MRI and medications. A request for authorization is made for Hydrocodone 10mg #60 and Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Opioids Page(s): 8; 80-81.

Decision rationale: The injured worker sustained a work related injury on t07/31/2012. The medical records provided indicate the diagnosis of left lumbar radiculopathy and right shoulder status post subacromial decompression. Treatments have included right shoulder surgery, and oral medications for pain and inflammation. The medical records provided for review do not indicate a medical necessity for Hydrocodone 10mg #60. The MTUS does not recommend the use of opioids for longer than 70 days for treatment of chronic pain due to lack of research supporting its benefit; but the records indicate that the injured worker has been using this medication, at least since 07/2014 without improvement. The MTUS recommends discontinuation of treatment if there is no overall improvement. Therefore, the requested treatment is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on t07/31/2012. The medical records provided indicate the diagnosis of left lumbar radiculopathy and right shoulder status post subacromial decompression. Treatments have included right shoulder surgery, and oral medications for pain and inflammation. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5mg #60. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The recommended dosing of Cyclobenzaprine is .5 to 10 mg three times a day, for not longer than longer than 2-3 weeks. Therefore, the requested treatment is not medically necessary.