

Case Number:	CM15-0058549		
Date Assigned:	04/03/2015	Date of Injury:	03/25/2010
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/27/2015

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 49-year-old female, who sustained an industrial injury on March 25, 2010. She reported struck a large pothole while driving, experiencing pain, numbness, and weakness in the right upper extremity. The injured worker was diagnosed as having cervical spondylosis with right cervical radiculopathy, post cervical fusion syndrome, residual degenerative disc disease at C3-C4 and C7-T1, myofascial pain, and cervical facet osteoarthritis. Treatment to date has included epidural steroid injections (ESIs), electromyography (EMG), cervical fusion 2010, functional capacity evaluation, cervical spine MRI, and medication. Currently, the injured worker complains of chronic and aching neck and right upper extremity pain. The Treating Physician's report dated December 19, 2014, noted the injured worker reporting the benefit of the chronic pain medication maintenance regimen, activity restrictions, and rest continued to keep the pain within a manageable level to allow activities of daily living (ADLs). The injured worker was noted to have received a cervical epidural steroid injection (ESI) on November 11, 2014, noted to be greatly beneficial, providing her with at least 70% pain relief, which was noted to be ongoing to present. The injured worker reported right arm and shoulder pain, with neck pain greatly reduced. The injured worker's current medications were listed as Norco, Motrin, and Omeprazole. Examination of the cervical spine was noted to show mild tenderness and tightness of the posterior neck, with 50% restricted extension, and a positive Spurling's test. Hypoesthesia and dysesthesia was noted in the posterolateral right hand and arm, with a weak right hand grip. A cervical CT dated July 24, 2013, was noted to show stable C4-C5, C5-C6, and C6-C7 fusion with hardware. A cervical MRI dated October 26, 2012, was noted to

show mild degenerative disc disease C3-C4 and C7-T1 and severe degenerative disc disease at C4-C5. The recommendations included continued conservative measures including the use of heat, ice, rest, and gentle stretching and exercise, and continued current medications with prescriptions for Norco, Ultram, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325 mg, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 1 Prescription Of Norco 10/325 mg, #150 is not medically necessary and appropriate.

1 Prescription of Klonopin 0.5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

Decision rationale: Klonopin (Clonazepam) is an anxiolytic, sedative hypnotic medication in the benzodiazepine family, which inhibits many of the activities of the brain, as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4

weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered or support beyond guidelines criteria for this 2010 chronic injury. The 1 Prescription of Klonopin 0.5mg, #30 is not medically necessary and appropriate.

1 Prescription of Flexeril 10mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The 1 Prescription of Flexeril 10mg, #90 is not medically necessary and appropriate.