

Case Number:	CM13-0043606		
Date Assigned:	12/27/2013	Date of Injury:	11/23/2010
Decision Date:	02/26/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 47-year-old woman with a date of injury of 11/23/2010. A Panel Qualified Medical Examination (QME) report dated 07/09/2013 states that the mechanism of injury was cumulative injuries over several years including two motor vehicle accidents that exacerbated her symptoms. She had surgery for right carpal tunnel syndrome on 04/27/2011 with limited long-term benefit. The worker was referred to an orthopedist, who recommended medications and a right shoulder steroid injection; she subsequently also had a referral for a second opinion. She had temporary relief with acupuncture. Additional treatment included steroid injections to the lumbar spine and both sacroiliac joints with short-term relief, creams, medications, and acupuncture again with short-term relief. On 03/27/2012 it was determined that the worker had reached maximum medical improvement. However, she then began treatment with [REDACTED] and [REDACTED] on 05/2012. According to reports and evaluations dated 09/19/2012, 03/18/2013, 04/24/2013, and 09/09/2013, treatment has included additional acupuncture, aquatic therapy, psychiatric and psychological treatment, additional chiropractic treatment, a TENS unit, wrist and ankle supports, a cane, and medications. She was referred to a pain management specialist, who also suggested medications and creams. X-rays taken of the lumbosacral spine, right ankle, both knees, and both shoulders were all reported as normal. Subsequent evaluations and reports from [REDACTED] reported no additional improvement in pain or function but rather described some worsening of pain and function since the date of injury. Additional pertinent records reviewed include a rheumatologic evaluation dated 07/18/2012, which stated a diagnosis of fibromyalgia and another EMG of the upper and lower limbs was negative, and the psychological evaluation report dated 08/15/2012 and subsequent notes dated 06/14/2013 and 07/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60 dispensed on 9/9/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 36-44.

Decision rationale: As described in the Introduction of the guidelines, if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The notes reviewed repeatedly demonstrate no improvement as measured using any of the suggested criteria. In fact, the evaluations and reports demonstrate a steady worsening of the worker's stated intensity of total body pain and her description of her ability to function in daily life while on this medication. In the absence of any documentation of improvement while on this medication, the current request for cyclobenzaprine is not medically necessary.

Hydrocodone/APAP 2.5, 325mg #120 dispensed on 9/9/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 36-44.

Decision rationale: The notes, evaluations, and reports reviewed demonstrate a steady worsening of the worker's stated intensity of total body pain and her description of her ability to function in daily life while on this medication. As described in the introduction of the guidelines, if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records reviewed repeatedly demonstrate no improvement as measured using any of the suggested criteria. In the absence of any documentation of improvement while on this medication, the current request for hydrocodone/APAP is not medically necessary.