

<b>Case Number:</b>	CM13-0066669		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/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:

The underlying date of injury in this case is 08/26/2009. The reported primary diagnosis is neck sprain. On 09/09/2013, the treating orthopedic physician noted that the patient continued trial with a shoulder surgeon and had recently undergone a right shoulder cortisone injection and reported a gradual increase in the motion of the shoulder. The patient was noted to be taking Norco 10/325 mg twice daily and to have completed chiropractic treatment. The treating physician recommended refilling Norco. Additionally, a random urine sample was recommended; the patient was unable to produce a sample. The specific clinical rationale for cyclobenzaprine is not discussed in the treating provider's notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HCL 7.5MG, #60 (DOS:10/11/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Muscle Relaxants (for pain)..

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines discuss cyclobenzaprine and indicates that this is only indicated for a short course of therapy. The guidelines and medical

records do not provide a rationale for the use of cyclobenzaprine for longer term use as in the current treatment. This request is not medically necessary.

**HYDROCODONE/APAP 10/325MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule recommends documentation of the four A's of opioid use, including documentation of functional benefit and assessing for possible aberrant behavior. The medical records at this time do not clearly document functional benefit from opioids. Moreover, the claimant reported he was not able to provide a urine specimen for random drug screening. There is insufficient discussion of the potential for aberrant behavior in this context. The medical records and guidelines do not support an indication or benefit from the hydrocodone in this case as the four A's of opioid management do not support continuing this medication. This request is not medically necessary.