

Case Number:	CM14-0139002		
Date Assigned:	09/05/2014	Date of Injury:	10/28/2001
Decision Date:	10/09/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/27/2014

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 Texas and Ohio. 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 injured worker is a 52-year-old male who reported an injury on 01/28/2001. The mechanism of injury was not provided for clinical review. Diagnoses included degeneration of the cervical intervertebral disc, lateral epicondylitis, repetitive strain injury, pain in the wrist. Previous treatments included physical therapy, occupational therapy, and medication. Degenerative testing included an MRI. In the clinical note dated 07/16/2014, it was reported the injured worker complained of pain in the wrist degeneration of cervical intervertebral disc. On the physical examination, the provider noted the injury worker was stable. The provider requested cyclobenzaprine and Norco. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30 with 2 refills: 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 Page(s): 63-64.

Decision rationale: The request for cyclobenzaprine 5 mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as an option for short term treatment with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Initially the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guideline recommendation of short term use. Therefore, the request is not medically necessary.

Norco 7.5/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 7.5/325 mg #60 with 1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen during patient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.