

Case Number:	CM14-0160704		
Date Assigned:	10/06/2014	Date of Injury:	04/17/2008
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopaedic Surgery, 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:

This 52-year-old female sustained an industrial injury on 4/17/08. The mechanism of injury was not documented. The 9/4/14 treating physician report cited complaints of grade 9/10 neck pain with headaches, dizziness, nausea and vomiting. She denied any radicular symptoms. Her hip had improved since a fall 2 months ago. She continued to have ringing in the right ear. Activities remained limited. She was approved for surgery but she was waiting for home care to be authorized. She was waiting for TENS unit authorization and was attending physical therapy. She reported physical therapy made her symptoms worse. She had trialed Elavil for her headaches but discontinued it due to drowsiness. She was taking Norco 10/325 1 to 1.5 per day for severe pain and Flexeril 1 to 1.5 per day for spasms. She was taking Zofran for on-going nausea. Medications reportedly helped decrease her pain level by 70-80% without side effects. Physical exam documented minimally antalgic gait. Cervical range of motion testing documented moderate loss of motion in all planes with cervical trigger points. There was decreased right C5 dermatomal sensation, and 4+/-5 weakness over the right deltoid, biceps, and internal/external rotators. Upper extremity deep tendon reflexes were hyperreflexic bilaterally. The diagnosis was C4/5 and C5/6 disc herniations with moderate to severe neuroforaminal narrowing and cervical facet arthropathy. The treatment plan recommended continued physical therapy, TENS unit, neurology follow-ups, and continued medications. Medications were reported helping with pain and allowing for an increased level of function. Follow-up was recommended in one month. The 9/23/14 utilization review modified the request for Hydrocodone APAP 10/325mg #90 to Hydrocodone APAP 10/325mg #45 for the purposes of weaning as there was no documentation of symptom reduction, increased functionality, or any other objective parameter denoting that this medication was achieving its intended goal. The request for Cyclobenzaprine 7.5mg #60 was modified to Cyclobenzaprine 7.5mg #30 to allow

for weaning as there was no documentation of efficacy or utility with use and no clear clinical indication for continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. The 9/23/14 utilization review modified the request for Hydrocodone APAP 10/325mg #90 to Hydrocodone APAP 10/325mg #45. The current utilization of Norco is documented as 1 to 1.5 tablet per day (or 30 to 45 pills per month). There is no compelling reason to support the medical necessity of additional medication beyond current use or the amount already allowed. There is no specific objective measurable functional improvement to support continued long-term use. Therefore, this request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The California MTUS guidelines recommend the use of Cyclobenzaprine as an option, using a short course of therapy, in the management of back pain. Treatment should be brief. This medication is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met for continued use. There is no clear indication of how long the patient has been prescribed Cyclobenzaprine, but at least since the last exam. There is no documentation of specific functional benefit associated with the patient's use of this medication. Given the absence of guideline support beyond 2 to 3 weeks, discontinuation is indicated. The 9/23/14 utilization review modified Cyclobenzaprine 7.5mg #60 to #30 to allow for weaning. There is no compelling reason to support the medical necessity of additional medication beyond the amount already allowed. Therefore, this request is not medically necessary.

