

<b>Case Number:</b>	CM14-0083814		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 46 year old female with complaints of neck pain and bilateral arm pain. The date of injury of is 1/15/07 and the mechanism of injury is not elicited. At the time of request for Cyclobenzaprine 7.5mg #60 one P.O. hs and Norco 10/325 #180 p.o. tid to qid, there is subjective (neck pain, arm pain) and objective (mild non-pitting edema left hand, altered sensation fingertips bilateral, Tinel's and phalen's signs positive bilateral, cervical paraspinal tenderness and tightness) findings, imaging findings (none supplied), diagnoses (carpal tunnel syndrome bilateral, lateral epicondylitis, myalgia, myositis, cervicgia, and cervical degenerative disc disease), and treatment to date (surgery, injections, medications, physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60 one p.o. h.s.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Again, there is no documentation of drug efficacy, improvement in function, nor is there mention of any specific duration of treatment. Therefore, this drug is not medically necessary.

**Norco 10/325 mg #180 1 p.o. t.i.d. to q.i.d.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply this information, it is my opinion that the request for Norco 10/325 #180 is medically necessary.