

Case Number:	CM14-0093808		
Date Assigned:	07/25/2014	Date of Injury:	12/21/2012
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine 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:

Patient is a 42 year-old female with date of injury 12/21/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/21/2014, lists subjective complaints as pain in the neck, shoulders and upper back. Objective findings: Examination of the cervical spine and shoulder revealed decreased range of motion, tenderness, and pain. There was no swelling. A sensory deficit in the right arm was noted. Diagnosis: 1. Cervical spine strain 2. Thoracic spine strain 3. Right shoulder strain. The medical records supplied for review document that the patient has been taking Norco and using Icy Hot for at least as far back as six months. Robaxin was not prescribed until the request for authorization on 05/21/2014. Medications: 1. Icy Hot Patches 5%, #40 2. Norco 5/235mg, #50 SIG: 1 tab by mouth every 4-6hrs 3. Robaxin 500mg, #30 SIG: 1 tab by mouth at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Icy Hot Patches 5% #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of neuropathic pain or of failed trials of antidepressants and anticonvulsants. Therefore, this request is not medically necessary.

Hydrocodone/Acetaminophen (Norco) 5/325 mg. #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Therefore, this request is not medically necessary.

Robaxin 500 mg. #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. There is no documentation in the available medical record that the patient has been taking muscle relaxants. Physical exam findings show that the patient is having spasm. The number of Robaxin prescribed is 30, and appropriate as a short course. Therefore, this request is medically necessary.