

Case Number:	CM14-0147160		
Date Assigned:	09/15/2014	Date of Injury:	01/24/2011
Decision Date:	01/02/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/10/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of January 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of cognitive behavioral therapy. In a Utilization Review Report dated September 3, 2014, the claims administrator failed to approve a request for Cyclobenzaprine and Oxycodone. The applicant's attorney subsequently appealed. In an April 8, 2014 progress note, the applicant reported ongoing complaints of neck, hand, wrist, and elbow pain status post earlier cubital tunnel release surgery and status post earlier carpal tunnel release surgery. Permanent work restrictions were endorsed. It was suggested that the applicant was not working with said limitations in place. In a progress noted dated August 14, 2014, the applicant reported ongoing complaints of neck and shoulder pain status post 12 sessions of physical therapy and 16 sessions of acupuncture. The applicant was using oxycodone, Flexeril, Cymbalta and Zestril, it was noted. A 8/10 pain without medication versus 4/10 pain with medications was noted. It was acknowledged that the applicant had not worked at [REDACTED] since May 2011. The applicant did have superimposed issues with anxiety and diabetes, it was acknowledged. The applicant's BMI was 35. The attending provider stated that the applicant's medications were keeping the applicant functional, but did not elaborate or expounded upon the same. Relafen, Flexeril, and oxycodone were prescribed. The attending provider stated that he did not think it was appropriate to increase the applicant's medication or provide a heightened dosage of medications, given the applicant's issues with psychological overlay and concerns about the applicant's using the medications in a responsible manner. In an earlier note dated July 7, 2014, the applicant was again described as having ongoing complaints of pain with leg paresthesias or night terrors. A 10/10 pain without

medications versus 5/10 pain with medications was noted. The applicant was using oxycodone, Flexeril, Cymbalta, and Zestril, it was noted at this point in time. The attending provider posited in one section of the report that the medications were keeping the applicant functional, but did not elaborate or expounded upon the same. At the bottom of the report, however, the attending provider stated that he did not think that it was appropriate to increase the applicant's dosage of medications, given concerns about whether or not the applicant could use medications responsibly, and given concerns discussed by the family members about whether the applicant had issues with medication dependence. The applicant also had psychological overlay evident, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is "not recommended." Here, the applicant is, in fact, using a variety of other agents, including oxycodone and Cymbalta. Adding Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request, thus, as written, is at odds with MTUS principals and parameters. Therefore, the request was not medically necessary.

OXYCODONE HCL 10MG #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is not working. The applicant is off work and has apparently failed to return to work for what appears to be a span of several years. While the attending provider has reported some reduction of pain scores achieved as results of ongoing oxycodone usage. These are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a

result of ongoing oxycodone usage, as well as comments from the attending provider and the applicant's family members to the effect that there are concerns about psychological overlay and potential opioid dependence issues. All of the foregoing, taken together, did not make a compelling case for continuation of oxycodone therapy. Therefore, the request was not medically necessary.