

Case Number:	CM14-0211195		
Date Assigned:	01/13/2015	Date of Injury:	12/27/2000
Decision Date:	03/03/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 patient is an injured worker with a history of lumbar sprain and strain and bilateral carpal tunnel surgery. The agreed medical evaluation dated February 12, 2007 documented chronic axial lumbar musculoligamentous sprain and strain and MRI magnetic resonance imaging demonstrating multilevel degenerative changes. The patient is status post bilateral carpal tunnel surgery. Acknowledging that the patient did undergo surgery, the patient continues with pain about the right groin and inguinal area with pain and limited erections secondary to the pain. The primary treating physician's progress report dated November 3, 2014 documented a history of bilateral carpal tunnel syndrome in the wrists and hands. He relates that the pain level is 5/10, left greater than right. He also has thoracic spine discomfort that is 6/10. Complaints included bilateral wrist and hand pain and numbness, low back and mid back pain with radiation to the groin, testicles, posterior thighs and calves, right groin and testicle pain, erectile dysfunction due to pain in the right groin, paresthesia of the left face and left side of the body and the upper extremity. The patient has a history of right groin and testicular pain. Physical examination was documented. The patient's mood and affect are normal. Gait is slow due to low back pain. Inspection reveals that his right shoulder is higher than his left shoulder. There is a well-healed surgical scar noted on both wrists. There is mild tenderness of both wrists. Range of motion of the wrists and fingers is normal. Tinel's test is negative at both wrists. Phalen's sign is negative. There is slight paralumbar muscle spasm. Straight leg raise test is positive on the left, causing pain in the left hip and posterior thigh. Diagnoses were status post bilateral carpal tunnel release surgery and carpal tunnel release on the left side with residual in the left thumb and weakness of

bilateral grip, thoracolumbar strain with left lumbar radiculitis, aggravation of vasectomy site pain around the right groin with persistent symptomatology. Treatment plan included chiropractic, Norco, Naproxen, Flexeril, Prilosec, urine toxicology, and laboratory tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Hydrocodone/Acetaminophen Page(s): 74-96; 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Imaging studies document evidence of pathology. No adverse side effects were reported. Evaluation for aberrant behavior was documented. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request Hydrocodone/Acetaminophen is supported by the medical records and MTUS guidelines. Therefore, the request for (1) prescription of Norco 10/325mg, #120 is medically necessary.

(1) Prescription of Flexeril 10mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Muscle Relaxants Page(s): 41-42; 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no

demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of muscle relaxant, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Flexeril is not supported by MTUS and ACOEM guidelines. Therefore, the request for (1) prescription of Flexeril 10mg, #30 is not medically necessary.

1 Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioids, criteria for use Opioids, pain treatment agreement Opioids, steps to.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Medical records document that the patient was prescribed the opioid Norco 10/325 mg which contains Hydrocodone and Acetaminophen. Norco is a schedule II Hydrocodone combination product and is a potentially addictive opioid analgesic medication. MTUS guidelines support the use of urine drug screen for patients prescribed opioids. Therefore, the request for 1 urine toxicology screen is medically necessary.

1 Hepatic function panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Medical records document the prescription of the NSAID Naproxen. MTUS recommends lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Therefore, the request for a hepatic functional panel is supported by MTUS guidelines. Therefore, the request for 1 Hepatic function panel is medically necessary.

1 Renal functional panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Medical records document the prescription of the NSAID Naproxen. MTUS recommends lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Therefore, the request for a renal functional panel is supported by MTUS guidelines. Therefore, the request for 1 Renal functional panel is medically necessary.