

Case Number:	CM15-0005401		
Date Assigned:	01/16/2015	Date of Injury:	08/03/2010
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 53-year-old female who reported an injury on 08/03/2010. The mechanism of injury was the injured worker was packing bagels with another coworker when the bagel processor broke down. The injured worker climbed on top of a step approximately 4 feet high to fix the machine when she slipped and fell to the floor, impacting her neck, low back, right knee, and right wrist. The surgical history was stated to be none. Diagnostic studies were noted to include an MRI of the right knee without contrast. The physician documentation of 12/16/2014 revealed the injured worker had been utilizing Norco 5/325 mg on 08/23/2014. The injured worker was noted to have complaints regarding her neck, low back, right wrist, upper digestive tract, right knee, and psyche. The injured worker indicated the pain was burning, cramping, shooting, sharp, cutting, pressure like, and throbbing. The symptoms associated with pain were numbness, pins, needles, and weakness in the upper and lower extremities. The injured worker indicated she was not able to perform household chores or perform yard work due to pain. The injured worker indicated she had no relief from acupuncture therapy and had moderate relief from exercise, a TENS unit, heat treatment, and chiropractic care. Current medications were noted to include citalopram HBr 20 mg, cyclobenzaprine 10 mg, hydrocodone/acetaminophen 5/325 mg, ibuprofen 600 mg, omeprazole DR 20 mg, ranitidine 150 mg, and simvastatin. The physical examination revealed the Waddell's sign was positive. The straight leg raise was positive. The injured worker was noted to have numerous somatic complaints and the physical examination failed to provide objective findings. The injured worker had diminished cervical and lumbar range of motion and the physician opined he did not

consider voluntary reductions in range of motion to be objective findings. The axial compression test caused low back pain which was noted to be nonorganic. The straight leg raise showed subjective complaints of pain in the lumbar spine. The injured worker had full range of motion of the right knee and the infrapatellar region on the right knee was tender to touch and the injured worker had mild crepitus. The right knee was painful along the medial joint line to light touch. The injured worker had tenderness to the right upper extremity which was nonfocal and diffuse throughout the entire upper extremity and most maneuvers and tests were positive for subjective pain. The diagnoses included sprain and strain of the lumbar and thoracic regions, shoulder, and upper arm region not otherwise specified; unspecified insomnia and anxiety state (unspecified). The treatment plan included Norco 5/325 mg twice a day for occasional flare ups and Flexeril 5 mg once a night for periods of increased pain. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 5 mg quantity 30 is not medically necessary.

Norco 5/325mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review failed to indicate the injured worker was being monitored

for aberrant drug behaviors. The injured worker as noted to have constipation with Norco and as such that would be documentation of a side effect. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325 mg quantity 30 is not medically necessary.