

Case Number:	CM15-0105690		
Date Assigned:	06/10/2015	Date of Injury:	10/22/2009
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 (IW) is a 51-year-old male who sustained an industrial injury on 10/22/2009. Diagnoses include cervical radiculopathy, shoulder pain and depression. Treatment to date has included medications, physical therapy, activity modifications, epidural steroid injections, psychological and psychiatric treatment. According to the PR2 dated 5/1/15, the IW reported his pain level had increased since his last visit. He rated his pain 10/10, which was the same as his pain without medications. No physical examination was recorded. MRI of the cervical spine on 8/21/14 showed mild spondylosis, mild left foraminal stenosis at C6-C7 and C7-T1 and mild effacement of the thecal sac to an annular bulge at C5-6. Medications were listed as Flexeril, Docusate sodium, Fentanyl patch, Hydrocodone/acetaminophen, Lyrica, Alprazolam and Lamotrigine. A request was made for hydrocodone/acetaminophen 10/325mg, #180 and Flexeril 10mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 mg Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone/Acetaminophen is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone/Acetaminophen for over 6 months without significant improvement in pain (7/10 with medication) or function. The continued use of Hydrocodone/Acetaminophen is not medically necessary.

Flexeril 10 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with Hydrocodone without improvement in pain or function. Continued use is not medically necessary.