

<b>Case Number:</b>	CM15-0112389		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 is a 43 year old male, who sustained an industrial injury on 03/13/2012. He has reported subsequent low back, neck, bilateral shoulder and head pain and was diagnosed with cervical thoracic and left shoulder strain, probable acromioclavicular separation with prominent distal clavicle, tinel stenosis of C4-C7, decreased lordosis, rule out lumbar disc injury, spasm of the cervical paraspinal musculature and headache rule out temporomandibular joint syndrome. Treatment to date has included medication, application of heat, TENS unit, physical therapy and a home exercise program. In a progress note dated 04/28/2015, the injured worker complained of low back, cervical, bilateral shoulder and head pain. Objective findings were notable for tenderness of the cervical and lumbar spine, reduced range of motion of the cervical and lumbar spine, diminished sensation at the left L4, L5 and S1 dermatomal distributions, positive straight leg raise on the left for pain to the foot, diminished sensation left greater than right C6 and C7 dermatomal distributions, moderately positive impingement signs of the left shoulder, tenderness of the right shoulder diffusely and tenderness at temporomandibular joint. A request for authorization of Hydrocodone and Cyclobenzaprine was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

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

**Decision rationale:** Hydrocodone 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 6-8/10 pain/ the use of Duloxetine reduced the pain 4-6 points and the use of NSAIDS reduced the pain 3 points making the net pain nearly zero. There was no mention of Tylenol failure. Continued and chronic use of Hydrocodone is not medically necessary.

**Cyclobenzaprine 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine 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 (Cyclobenzaprine) for a prolonged period in combination with NSAIDS and opioids. Continued use is not medically necessary.