

Case Number:	CM15-0115043		
Date Assigned:	06/23/2015	Date of Injury:	09/29/2014
Decision Date:	08/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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 41 year old female who sustained an industrial injury on 9/29/14. The injured worker was diagnosed as having cervical radiculopathy, rule out intradiscal injury of the cervical spine, cervical stenosis, and lumbar strain/sprain. Currently, the injured worker was with complaints of pain in the neck, mid and low back with radiation to the left upper extremity. Previous treatments included heat/ice application, exercise, chiropractic treatments, oral pain medication and oral muscle relaxants. Previous diagnostic studies included electromyography, nerve conduction velocity study, magnetic resonance imaging, radiographic studies and computed tomography. The injured workers pain level was noted as 8/10 in the neck and 7/10 in the back. Physical examination was notable for tenderness to palpation to the cervical and upper thoracic midline, tenderness to palpation over the lumbar midline around L3-L4 and decreased sensation at C6, C7 and left S1. The plan of care was for Cyclobenzaprine 7.5 milligrams #30 and Norco 5/325 milligrams #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Cyclobenzaprine 7.5mg #30: Upheld

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

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 (Cyclobenzaprine) for several months in combination with NSAIDS and opioids without improvement in pain or function. Continued use of Cyclobenzaprine is not medically necessary.

(1) Prescription of Norco 5/325mg #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 Page(s): 82-92.

Decision rationale: Norco 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 Norco due to minimal reduction in pain with Tylenol or NSAIDS. The Norco was initiated by pain management. Due to failure of 1t line options and initiation by pain management specialist, the Norco as above is appropriate.