

Case Number:	CM15-0123263		
Date Assigned:	07/07/2015	Date of Injury:	07/24/2013
Decision Date:	08/04/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male who sustained an industrial injury on 07/24/13. Initial complaints and diagnoses are not available. Treatments to date include medications, and physical therapy. Diagnostic studies include x-rays of the lumbar spine, MRIs of the cervical spine and left knee, CT scan of the cervical spine, and electrodiagnostic studies of the bilateral upper extremities. Current complaints include chronic neck pain. Current diagnoses include neck pain, possibility of cervical radiculopathy, left knee pain, myofascial pin, and left shoulder pain. In a progress note dated 05/21/15 the treating provider reports the plan of care as continued medications including gabapentin, Norco, and cyclobenzaprine. The requested treatments include Norco and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #75 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The documentation reveals that the patient has been on long term opioids without significant functional improvement therefore the request for continued Norco is not medically necessary.

Cyclobenzaprine 10mg #30: 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 Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 64 and 63.

Decision rationale: Cyclobenzaprine 10mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The documentation does not indicate that the patient is having an acute exacerbation of pain. The patient has chronic pain. Additionally, the guidelines recommend limiting this medication to 2-3 weeks for short term use only. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended time frame. The request for Cyclobenzaprine is not medically necessary.