MAXIMUS Federal Services

Case Number:	CM15-0144777		
Date Assigned:	09/02/2015	Date of Injury:	05/11/2010
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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 43 year old female, who sustained an industrial injury on 5-11-2010. She reported pain in her right shoulder, right arm, elbow, wrist, neck and right side of her back. Diagnoses have included cervical spine sprain-strain, lumbar spine sprain-strain, status post right shoulder arthroscopy with residual stiffness, left shoulder subacromial impingement, status post carpal tunnel release right wrist and rule out carpal tunnel syndrome left wrist. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), surgery, psychotherapy, chiropractic treatment and medication. According to the progress report dated 5-27-2015, the injured worker complained of low back pain radiating to the back of the right more than the left thigh. She reported numbness in her left hand almost all the time. Objective findings revealed tenderness to palpation and spasms of the cervical spine, right more than left side. There was diminished sensation of both upper extremities, worse on the volar aspects of the forearms and hands. Tinel's sign was positive at the left medial nerve at the wrist. Authorization was requested for Cyclobenzaprine HCL and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 10 mg, 45 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 63,64.

Decision rationale: Cyclobenzaprine Hydrochloride 10 mg, 45 count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended MTUS period. The request for Cyclobenzaprine is not medically necessary.

Norco 10/325 mg, sixty count: Upheld

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

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

Decision rationale: Norco 10/325 mg, sixty count 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. The documentation reveals that the patient has been on long-term opioids without significant increased function therefore the request for Norco is not medically necessary.