

Case Number:	CM15-0179744		
Date Assigned:	09/21/2015	Date of Injury:	07/22/2002
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old male, who sustained an industrial injury on July 22, 2002. On July 24, 2014, the injured worker reported continued overall pain and reported no change in his condition since his previous evaluation. He rated his pain a 4 on a 10-point scale. He reported his pain improved with medications. His medications included Norco, Flexeril, Flector and topical pain medications. On physical examination the injured worker had limited range of motion of the cervical spine. He had pain with palpation of the cervical facet at C3-C7 bilaterally, and had palpable trigger points in the muscles of the head and neck. He had moderate tenderness to palpation over the right shoulder joint, supraspinatus and biceps tendons with limited range of motion. On September 4, 2014, the injured worker reported no change in his condition since his previous evaluation. He rated his pain a 3 on a 10-point scale. On physical examination the injured worker had pain with palpation of the cervical facet at C3-C7 bilaterally, palpable trigger points in the muscles of the head and neck and limited cervical range of motion. He had moderate tenderness over the right shoulder joint, supraspinatus and biceps tendons with limited range of motion. On September 29, 2014, the evaluating physician noted the injured worker's condition remained the same. He reported constant neck pain with radiation of pain to the bilateral upper extremities. He rated his pain 5 on a 10-point scale. Medications improved his pain level. His medications included Norco, Fexmid and topical pain medications. He had pain with palpation of the cervical facet at C3-C7 bilaterally and his range of motion was limited in all directions. He had palpable trigger points in the muscles of the head and neck. He had moderate tenderness to palpation over the right shoulder joint, the supraspinatus and biceps

tendons with limited range of motion of the right shoulder in all directions. On January 19, 2015 the evaluating physician noted that the injured worker's pain condition still remains the same. He reported neck pain with radiation of pain to the right shoulder. He continued to have pain to an extent with the use of his medication regimen. His medications included Norco, Fexmid and topical pain medications. Treatment to date has included cervical spine fusion, and opioid medications. The injured worker was diagnosed as having rotator cuff tear, pain in muscle, pain in head-face, and cervical radiculitis - neuritis. Multiple physician notes in 2015 were reviewed that mention, medications help bring pain down from as high as 8-9/10 to 2-3/10 with improved function. A request for authorization for retrospective Cyclobenzaprine 7.5 mg #90 on January 19, 2015, retrospective request for Cyclobenzaprine 7.5 mg #120 on July 24, 2014, retrospective request for Cyclobenzaprine 7.5 mg #90 on September 4, 2014, retrospective request for cyclobenzaprine 7.5 mg #90 on September 29, 2014, retrospective request for Hydro-APAP 10-325 mg #120 on July 24, 2014, retrospective request for Hydro-Apap 10-325 mg #90 on September 4, 2014 and retrospective request for Hydro-APAP 10-325 mg #90 on July 29, 2014 was received on August 24, 2015. On September 4, 2015, the Utilization Review physician determined retrospective Cyclobenzaprine 7.5 mg #90 on January 19, 2015, retrospective request for Cyclobenzaprine 7.5 mg #120 on July 24, 2014, retrospective request for Cyclobenzaprine 7.5 mg #90 on September 4, 2014, retrospective request for cyclobenzaprine 7.5 mg #90 on September 29, 2014, retrospective request for Hydro-APAP 10-325 mg #120 on July 24, 2014, retrospective request for Hydro-Apap 10-325 mg #90 on September 4, 2014 and retrospective request for Hydro-APAP 10-325 mg #90 on July 29, 2014 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Cyclobenzaprine 7.5mg #90 (DOS 1/19/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated "This medication is not recommended to be used for longer than 2-3 weeks." CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. Within the submitted records, it is made known that without medications pain can be as high as 8-9/10 and with medications, as low as 2-3/10. There is no mention of adverse effects of Cyclobenzaprine. Pain reduction appears significant. Given the above, the ongoing use of Cyclobenzaprine appears reasonable and as such, will be certified.

Retrospective request: Cyclobenzaprine 7.5mg #120 (DOS 7/24/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated that "This medication is not recommended to be used for longer than 2-3 weeks." CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. Within the submitted records, it is made known that without medications pain can be as high as 8-9/10 and with medications, as low as 2-3/10. There is no mention of adverse effects of Cyclobenzaprine. Pain reduction appears significant. Given the above, the ongoing use of Cyclobenzaprine appears reasonable and as such, will be certified.

Retrospective request: Cyclobenzaprine 7.5mg #90 (DOS 9/4/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated that "This medication is not recommended to be used for longer than 2-3 weeks." CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. Within the submitted records, it is made known that without medications pain can be as high as 8-9/10 and with medications, as low as 2-3/10. There is no mention of adverse effects of Cyclobenzaprine. Pain reduction appears significant. Given the above, the ongoing use of Cyclobenzaprine appears reasonable and as such, will be certified.

Retrospective request: Cyclobenzaprine 7.5mg #90 (DOS 9/29/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated that "This medication is not recommended to be used for longer than 2-3 weeks." CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. Within the submitted records, it is made known that without medications pain can be as high as 8-9/10 and with medications, as low as 2-3/10. There is no mention of adverse effects of Cyclobenzaprine. Pain reduction appears significant. Given the above, the ongoing use of Cyclobenzaprine appears reasonable and as such, will be certified.

Retrospective request: Hydro/Apap 10/325mg #120 (DOS 7/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Hydrocodone/APAP, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, there is mention of improved pain control with use of medications, though there is lack of evidence of how the use of Hydrocodone/APAP has enhanced ability to perform ADLs, or functional mobility tasks. The above criteria for ongoing opiate use have not been met and therefore, this request is non-certified.

Retrospective request: Hydro/Apap 10/325mg #90 (DOS 9/4/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Hydrocodone/APAP, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, there is mention of improved pain control with use of medications, though there is lack of evidence of how the use of Hydrocodone/APAP has enhanced ability to perform ADLs, or functional mobility tasks. The above criteria for ongoing opiate use have not been met and therefore, this request is non-certified.

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