

Case Number:	CM15-0027703		
Date Assigned:	02/20/2015	Date of Injury:	02/28/2006
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 2/28/2006. She has reported left shoulder injury and right shoulder injury. The diagnoses have included lumbar strain, para-cervical and para-scapular strain, right shoulder osteoarthritis, and rotator cuff tear status post right shoulder repair 12/15/14, and status post left shoulder arthroscopy 2007. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxer, physical therapy, and Transcutaneous Electrical Nerve Stimulation (TENS) use. Currently, the IW complains of right shoulder pain rated 6/10 VAS, post operative physical therapy continued with four of eight approved sessions completed. Physical examination from 1/16/15 documented no signs of injection with the right shoulder wound redressed, limited Range of Motion (ROM), and tenderness of left shoulder and lumbar spine. The plan of care included continuation of hydrocodone 10mg twice a day as needed for breakthrough pain and Cyclobenzaprine twice a day, continuation of physical therapy, and continued conservative treatment for left shoulder. On 2/5/2015 Utilization Review modified certification for Hydrocodone 10/325mg #60 and Cyclobenzaprine 7.5mg #60, allowing a one month supply to allow for weaning. The MTUS Guidelines were cited. On 2/13/2015, the injured worker submitted an application for IMR for review of Hydrocodone 10/325mg #60 and Cyclobenzaprine 7.5mg #60.

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 Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for hydrocodone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.