

Case Number:	CM15-0092161		
Date Assigned:	05/18/2015	Date of Injury:	02/21/2007
Decision Date:	06/25/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/13/2015

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, Hawaii

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 45 year old female, who sustained an industrial injury on 2/21/07. The injured worker has complaints of bilateral neck pain, bilateral shoulder pain and right upper extremity pain. The diagnoses have included status post Functional Restoration Program; bilateral C2-3 and C3-4 cervical facet joint pain as diagnosed by positive bilateral C2-C3 and C3-C4 cervical facet joint medial branch blocks. Treatment to date has included norco and cyclobenzaprine; temazepam; Cymbalta; motrin; cyclobenzaprine; voltaren gel; flector patch; Lidoderm patch; hydrocodone; propranolol; butalbital with codeine; maxalt; midrin and right shoulder surgery on June 24, 2010. The request was for cyclobenzaprine 10 MG #30; norco 5/325mg #60 and ibuprofen 800mg #90 times two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 MG #30: Upheld

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

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

Decision rationale: The patient presents with pain affecting the right upper extremity, bilateral shoulder, and bilateral neck. The current request is for Cyclobenzaprine 10 MG #30. The treating physician report dated 5/7/15 (99D) states, "The cyclobenzaprine meets the MTUS and ODG guidelines as it provides 50% decrease of the patients spasm with 50% improvement of the patient's activities of daily living such as self-care and dressing." The MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been using this medication since at least 11/20/14 (13D). In this case, the use of the medication is outside the 2-3 weeks recommended by the MTUS guidelines. The request is not medically necessary. Recommendation is for denial.

Norco 5/325 MG #60: 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): 74-96.

Decision rationale: The patient presents with pain affecting the right upper extremity, bilateral shoulder, and bilateral neck. The current request is for Norco 5/325 MG #60. The treating physician report dated 5/7/15 (99D) states, "The Norco meets the MTUS and ODG guidelines as it provides 50% decrease of the patient's spasm with 50% improvement of the patient's activities of daily living such as self-care and dressing. This medication decreases the patients visual analog scale from 8/10 to 4/10. This demonstrates significant pain relief and functional improvement as per MTUS guidelines." The patient is on an up-to-date plan contract and the patient's previous UDS was consistent. The medication has no adverse effects on the patient. The patient shows no aberrant behavior with this medication. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 2/17/15 (74D). The report dated 5/7/15 (99D) notes that the patient's pain has decreased from 8/10 to 4/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADLs have improved such as the ability to dress and provide self-care. The patient's last urine drug screen was consistent and the physician has a

signed pain agreement on file as well. The continued use of Norco has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required as are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The request is medically necessary. Recommendation is for authorization.

Ibuprofen 800 MG #90 x2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with pain affecting the right upper extremity, bilateral shoulder, and bilateral neck. The current request is for Ibuprofen 800 MG #90 x 2. The treating physician report dated 5/7/15 (99D) states, "The patient is to continue taking ibuprofen as prescribed. This meets MTUS guidelines as first-line treatment for pain and its efficacy was previously documented as pre MTUS guidelines." A report dated 4/14/15 (94D) states, "The ibuprofen meets the MTUS and ODG guidelines as it provides 50% decrease of the patient's inflammatory pain with 50% improvement of the patient's activities of daily living such as self-care and dressing." Regarding NSAIDs, MTUS page 68 states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the patient's pain level decreases from the use of Ibuprofen and there is documentation of functional improvement. The current request satisfies the MTUS guidelines as outlined on page 60 and 68. The request is medically necessary. Recommendation is for authorization.