

Case Number:	CM13-0002226		
Date Assigned:	12/11/2013	Date of Injury:	11/20/2001
Decision Date:	01/21/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40 year old female with a date of injury of November 20, 2001. The report dated July 1, 2013 patient has an increase of left shoulder and neck pain. She also had more flare-ups of pain radiating from her shoulder to her arm. There were no objective findings reported. She had been treated with opioid medication since at least April 2012 and methocarbamol since January 2013. The summary is from the UR determination letter dated July 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #120 with 2 refills between 7/1/13 and 10/6/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to continue use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: CA MTUS chronic pain recommends a continuation of opiate medication only if there is improvement in function and a decrease in pain. According to the report there appears to be no indication the patient has improved her function. The most current report from the physician indicates the patient's pain has increased. Therefore as there is no indication of improving function and decrease in pain the request for medication is not medically necessary.

Prescription of Methocarbamol 500mg, #30 with 1 refill between 7/1/13 and 9/6/13: Upheld

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

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

Decision rationale: CA MTUS chronic pain guides page 63 recommend muscle relaxes as for non-sedating with caution. The guidelines also state that efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. This patient has been using his medication since January. There is no documentation according to the history that there is any improvement in function or reduction in pain. Therefore as the guidelines do not recommend long-term use of this medication the request for methocarbamol is not medically necessary.