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| Case Number: | CM13-0018405 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 02/28/2009 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 08/29/2013 |

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. The expert reviewer is Board Certified in Family 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 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/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 injured worker is a 68 year old male who sustained an injury on 02/28/09 while emptying a trash can. The injured worker developed a snapping and popping sound in the right shoulder and was eventually diagnosed with a torn rotator cuff. The injured worker did require surgical repair which was completed in July of 2009; however, the injured worker had persistent complaints of pain in the right shoulder as well as the cervical region. The injured worker did report benefits from the use of Amrix in terms of intensity and frequency of muscular spasms. The injured worker also reported benefits from the use of a transcutaneous electrical nerve stimulation (TENS) unit. Overall the injured worker did report 10 to 15 percent improvement with medications that also included naproxen, Prilosec, gabapentin, remeron and Norco. As of 07/08/14, the injured worker continued to utilize Norco for pain as well as Amrix for antiinflammation. The injured worker's physical examination was limited but did note paraspinal muscular spasms and tenderness to palpation at the trapezius and shoulder girdle. The injured worker did report improvement of pain to 4/10 with medications and without medications the injured worker's pain was 7/10 in intensity. The injured worker did report functional improvement with this medication. The requested Norco 10/325 milligrams quantity 120 and Amrix 15 milligrams quantity sixty were both denied by utilization review on 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ONGOING OPIOID USE, 79-80

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker was utilizing Norco for pain relief and did note up to forty percent improvement of pain with this medication. There was no indication of any aberrant medication use and the injured worker was reported to be compliant with this medication. Norco can be utilized as an option in the treatment of moderate to severe musculoskeletal complaints. This short acting narcotic is recommended for continued use with ongoing assessments establishing the efficacy of this medication in terms of functional improvement and pain relief. The injured worker did report being more functional in terms of activities of daily living and other activities with this medication. As the injured worker's overall narcotics usage was still low at 40 milligrams morphine equivalent dosag (MED), this request is not medically necessary.

AMRIX 15MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request for ongoing use of this medication is not medically recommended.