

Case Number:	CM13-0040737		
Date Assigned:	12/20/2013	Date of Injury:	06/06/2009
Decision Date:	05/22/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 36-year-old female who reported an injury on 06/06/2009 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right shoulder. The injured worker was examined on 09/26/2013. It is documented that the injured worker had a treatment history to include right shoulder arthroscopy in 2011 followed by postoperative physical therapy. It was documented that the injured worker had persistent deficits of range of motion with mechanical symptoms that were managed with medications. The injured worker's diagnoses included status post right shoulder adhesive capsulitis, and status post bilateral carpal tunnel release surgeries. The injured worker's treatment plan included medications listed as Norco 2.5 mg for pain and Fexmid 7.5 mg as a muscle relaxant. Review of the documentation indicates that the injured worker has a treatment history significant for psychological support, and acupuncture. In the clinical documentation submitted for review does indicate that the injured worker has been on hydrocodone since at least 10/2012 and was regularly monitored for aberrant behavior with urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NORCO (HYDROCODONE/APAP 2.5/325MG), #120, 1 BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN (9/26/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The Expert Reviewer's decision rationale: The retrospective request for Norco (Hydrocodone/APAP 2.5/325mg) #120 by mouth every 6 hours as needed for pain on 09/26/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of medications be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does provide evidence that the injured worker is regularly monitored with urine drug screens. However, the clinical documentation submitted from 09/26/2013 does not provide any evidence of significant pain relief or functional benefit from the use of the requested medication to support continued use. As such, the retrospective request for Norco (Hydrocodone 2.5/325mg) #120 by mouth every 6 hours as needed for pain on 09/26/2013 is not medically necessary or appropriate.

RETROSPECTIVE REQUEST FOR FEXMID (CYCLOBENZAPRINE) 7.5MG, #60, 1 BY MOUTH 2 TIMES A DAY (9/26/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64.

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

Decision rationale: The Expert Reviewer's decision rationale: The retrospective request for Norco (Hydrocodone/APAP 2.5/325mg) #120 by mouth every 6 hours as needed for pain on 09/26/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of medications be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does provide evidence that the injured worker is regularly monitored with urine drug screens. However, the clinical documentation submitted from 09/26/2013 does not provide any evidence of significant pain relief or functional benefit from the use of the requested medication to support continued use. As such, the retrospective request for Norco (Hydrocodone 2.5/325mg) #120 by mouth every 6 hours as needed for pain on 09/26/2013 is not medically necessary or appropriate.