

Case Number:	CM13-0056185		
Date Assigned:	04/25/2014	Date of Injury:	09/29/2013
Decision Date:	07/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 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:

This is a male with a 9/29/13 date of injury. He was employed by [REDACTED] and was lifting a compost trash weighing about 150 pounds and felt a sudden, sharp pain in his shoulder. On exam, the patient has tenderness to his shoulder with limitation on ROM and a positive Impingement's sign. Diagnostic Impression was rotator cuff syndrome, Neck Sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The UR decision on 11/12/13 modified the request to certify Norco for a 1 month supply, but the quantity is not specified. This patient has a recent date of injury with acute pain, documentation

of a SLAP lesion seen on shoulder MRI. He did sign an opiate pain contract and had a urine drug screen performed. Since this is a recent injury, with documentation that the surgeon would like to proceed with labral repair, opiate medication would be supported by guidelines. It is noted in the office visit note from 11/7/13 that the Norco is prescribed for twice a day. Therefore, the request for Norco, 60 tablets, is a 1 month supply. This request, as submitted, is medically necessary.

FEXMID 7.5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The office visit note dated 10/11/13 documents that the patient is to continue Flexeril, which indicates he has already been taking it prior to this visit and it is not a new prescription. There is no documentation of functional improvement from Fexmid. This prescription for Fexmid for an additional 60 tablets, would equal a 20 day supply if the patient is taking it three times a day, every day. Guidelines only support the short-term use of muscle relaxants due to diminishing efficacy over time, and the risk of dependence. This request, as submitted, is not medically necessary.