

Case Number:	CM13-0060249		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2009
Decision Date:	06/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 and 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 of unknown mechanism of injury. The injured worker has a history of right shoulder pain and bilateral wrist and forearm pain. On examination of the right shoulder dated 09/26/2013, the injured worker had tenderness to palpitation over the subacromial region, acromioclavicular (AC) joint, supraspinatus tendon, and posterior muscle and periscapular musculature. There was crepitus noted over the joint and subacromial region. Impingement test was positive. Cross are test was positive. Flexion at 95 degrees, extension at 35 degrees, abduction at 90 degrees, adduction at 30 degrees, internal rotation at 50 degrees, and external rotation at 55 degrees. The injured worker has a diagnoses of right shoulder scope surgery on 09/2011, right carpal tunnel release on 03/2012 and left carpal tunnel release on 04/2012. Medications were Norco and Fexmid. The treatment plan is for Fexmid (Cyclobenzaprine) 7.5mg 1 tab per mouth 2x/day #60 and Norco (Hydrocod/APA) 2.5mg/325mg 1 tab per mouth every 6 hours #20. The request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid(Cyclobenzaprine) 7.5mg 1 tab per mouth 2x/day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

Decision rationale: The request for Fexmid (Cyclobenzaprine) 7.5mg 1 tab per mouth 2x/day #60 is not medically necessary. The injured worker has a history of right shoulder pain and bilateral wrist and forearm pain. The California Medical Treatment Utilization Schedule (MTUS) recommends Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmid®, generic available) for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The long term use of muscle relaxants is not supported by the guidelines. The injured worker does not have documentation of muscle spasms to support the need for Fexmid. There is no related documentation to the duration of relief of said medication. As such, the request is not medically necessary.

Norco (Hydrocod/APAP) 2.5mg/325mg 1 tab per mouth every 6 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81-91.

Decision rationale: The request for Norco (Hydrocodone/APAP) 2.5mg/325mg 1 tab per mouth every 6 hours #120 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) states that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects prior to continuation of opioids. There is no documentation if the injured worker has tried any non-narcotic medications for pain, the frequency of usage or duration of relief of pain. There is a lack of documentation to support significant pain relief with use of Norco. In addition, the most recent UDS was negative for Hydrocodone. As such the request is not medically necessary.