

Case Number:	CM13-0062672		
Date Assigned:	12/30/2013	Date of Injury:	08/12/2011
Decision Date:	04/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/09/2013

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 Practice, 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 patient is a 33-year-old male who reported injury on 08/12/2011. The mechanism of injury was noted to be the patient was digging and struck a rock. The patient was noted to undergo a tenolysis of the flexor carpi radialis tendon, tenotomy at the insertion of the index metacarpal, and tenodesis to the thumb trapezium on 03/04/2013. The patient's medication history included opiates, PPIs, and NSAIDS as of 2012 and muscle relaxants as of 06/2013. The documentation dated 10/30/2013 revealed the patient's pain was a 7/10. The medications were noted to help. The patient requested refills. The patient's diagnoses were noted to include status post right wrist surgery x2, rule out ongoing pathology in the right wrist, right shoulder impingement, rule out right shoulder pathology, and possible cervical radiculopathy. The treatment plan was noted to include Norco 10/325 #90 and Flexeril 10 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90: Upheld

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

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

Decision rationale: California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation indicated the patient was taking the medication since 06/2013. Therefore, continued use would not be supported. Given the above, the request for Flexeril 10 mg #90 is not medically necessary.

NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60; 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had undergone urine drug screens and had been utilizing opiates since 2012. There was a lack of documentation indicating an objective improvement in function, an objective decrease in the VAS score, and side effects. Given the above, the request for Norco 10/325 #90 is not medically necessary.