

Case Number:	CM13-0062751		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2005
Decision Date:	08/06/2014	UR Denial Date:	11/25/2013
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 Neurological Surgery 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 records presented for review indicate that this 52 year-old male was reportedly injured on 12/14/2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 12/31/2013 indicates that there are ongoing complaints of neck pain, bilateral shoulder pain and low back pain. The physical examination demonstrated cervical spine: improve range of motion. Lumbar spine: range of motion appears to be a 65%. Paravertebral muscle spasm present. Bilateral shoulders: decreased range of motion with tenderness in the subacromial space. Positive impingement, positive O'Brien's test. Diagnostic imaging studies include mention of shoulder MRI, x-ray the lumbar spine, cervical spine, and MRI of the lumbar spine. Official radiologic reports are unavailable for review. Previous treatment includes medications such as Norco, and Flexeril. A request was made for Norco, Flexeril, and was not certified in the pre-authorization process on 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-78 of 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

FLEXERIL: 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): 41, 64 of 127.

Decision rationale: The California MTUS supports the use of skeletal muscle relaxants (Flexeril) for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury (2005) and clinical presentation, the guidelines do not support this request for continued long-term use of this medication. The patient has been on this medication for greater than one month. It is noted on physical exam there was presence of paravertebral muscle spasms. As such, the request is not medically necessary.