

Case Number:	CM13-0063357		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2012
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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. 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 53 year old male who was injured on 02/28/2012 with a cumulative trauma injury. Prior treatment history has included physical therapy which offered temporary benefit; pain management and right shoulder cortisone injection. The patient's medications as of 01/14/2014 include: (There was no VAS noted), Naprosyn, Flexeril, Norco 10/325 mg t.i.d. p.r.n. pain, Voltaren Gel. Progress Report of occupational injury dated 01/14/2014 indicated the patient presented with bilateral shoulder pain, elbow pain, forearm pain, wrist and upper extremity pain. The patient reported decreased sleep. Objective findings on exam revealed upper extremity ranges of motion were restricted by pain in all directions; muscle strength reflexes were 1 and symmetric bilaterally in all limbs. Muscle strength in all limbs was 5/5. The remainder of the examination was unchanged from the previous visit. The patient was diagnosed with neck pain, bilateral upper extremity repetitive injury, bilateral shoulder tendinitis; bilateral shoulder impingement and bilateral wrist tendinitis; bilateral DeQuervain's; bilateral medial epicondylitis; bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. On Initial Consultation report dated 11/19/2013, the patient described symptoms as achy and stabbing in quality and rated them as 7/10 on the visual analog scale. His current medications were Naprosyn, Flexeril, Norco 10/325 mg t.i.d. p.r.n. pain and Voltaren Gel. Report dated 10/29/2013 documented the patient had loss of function including loss of lifting capacity. Re-evaluation note dated 02/08/2013 indicated the patient was taking Zoloft, Flexeril, Ibuprofen, and Vicodin as needed. Objective findings on exam revealed the patient reported he felt some relief for a short period of time with therapy. The patient was performing his own ADLs and other simple tasks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG #90 (WITH NO REFILLS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend on-going use of opioids when there is documentation of pain relief and functional improvement. The records document the patient has been taking Norco (Vicodin) since as far back as 02/08/2013 (no VAS documented). The only documented VAS' were noted on 11/19/2013 (7/10); 10/07/2013 (6/10). There is lack of improvement (subjectively and objectively) with the patient's current prescription medication regime. Based on guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary and appropriate. It should be noted that the guides recommend a slow taper weaning for long term opioids.

PRESCRIPTION OF FLEXERIL 10MG #60 (WITH NO REFILLS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Dosing per the Guides is 5 mg three times a day; can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks. The medical records do not document the patient to have muscle spasms or rigidity, further; he has been taking this medication as far back as 02/2013. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary and appropriate.