

Case Number:	CM13-0068836		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2013
Decision Date:	05/28/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/20/2013

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 Interventional Spine 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 patient is a 54-year-old male with date of injury of 08/16/2013. Per treating physician's report 11/26/2013, the patient presents with persistent left shoulder, rib, neck, and right ankle pain with a diagnostic impression of cervical and upper shoulders strain with myofascial pain, right ankle and foot strain with persistent complaints of chronic pain. Treating physician states that there is really nothing extraordinarily wrong with the patient beyond muscle strains and some muscular pain with an individual appears to have some other than exacerbated pain response consistent with symptom magnification. Diagnostic studies were all essentially normal. Recommendation was for physical therapy and beyond that, acupuncture trigger point injections may be helpful. The prescriptions were for Norco #90, Flexeril #60, and ibuprofen. There is also a report from 08/16/2013 from Dameron Hospital with a diagnosis of cervical strain, acute shoulder pain, ankle sprain, multiple contusions. Prescriptions provided were ibuprofen #30 and #10 of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON LONG TERM OPIOID USE Page(s): 88-89.

Decision rationale: This patient presents with cervical and shoulder strain/sprains. The treating physician has prescribed Norco 10/325 #90 to be taken 3 tablets a day. Review of the reports show that the patient had gone to emergency room on 08/16/2013 where the patient was prescribed #10 of Norco along with ibuprofen. The treating physician's report, 11/26/2013, discusses that the medications that were given from the emergency department "did help at least partially". Diagnostic studies were reportedly negative. When reading MTUS Guidelines, it is unclear whether or not chronic opiates use is recommended for chronic musculoskeletal pains such as persistent sprains and strains. For ongoing use of opiates, certain documentations are required including the 4 A's, analgesia, activities of daily living, aberrant side effects, and aberrant behavior. Furthermore, outcome measures such as least amount of pain, average pain, pain reduction with use of medication, time it takes for medication to work, duration of pain relief are required per page 78 of MTUS Guidelines. In this case, the patient has tried some Norco from emergency room. The treating physician has elected to treat this patient with continued dosage of 3 tablets per day without checking efficacy of other medications including NSAIDs. The patient only had partial relief without any functional improvement from prior use of Norco and it is not certain why the treating physician has chosen to continue the patient on Norco 3 tablets a day. As it is, the patient does not present with a clear diagnosis of negative diagnostics. For sprains and strains, it is controversial whether or not the use of opiates are indicated. For initiating opiates, MTUS Guidelines require certain assessments including likelihood that the medications would be helpful. In this case, the treating physician raises concerns regarding symptom magnification and over-exacerbated response to pain. In such patients, choice of opiates may not be best. Given the lack of documentation regarding efficacy of opiates for this patient, recommendation is for denial.

FLEXERIL 10MG # 60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTIONS ON MUSCLE RELAXANTS (FOR PAIN), AND CYCLOBENZAPRINE (FLEXERIL®, AMRIX®, FEXMID®, G.

Decision rationale: This patient presents with cervical and shoulder strain and sprains. The treating physician has prescribed Flexeril #60 with 3 refills. MTUS Guidelines do not support chronic use of muscle relaxants. If it is used, it is only recommended for 3 to 4 days and no more than 2 weeks' duration. In this case, the treating physician has provided #60 with 3 refills for chronic use. Recommendation is for denial.

IBUPROFEN 800MG #90 WITH 3 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS AND NSAIDS (NON STEROIDAL ANTI-INFLAMMATORIES) Page(s): 22.

Decision rationale: This patient presents with persistent neck and shoulder pains. The treating physician has written a prescription for ibuprofen. Recommendation is for authorization. MTUS Guidelines support use of NSAIDs after failure of Tylenol and other medications. Review of the reports show that this patient has tried over-the-counter medications without improvement. Trial of ibuprofen for several months would be reasonable. Recommendation is for authorization.