

Case Number:	CM14-0002062		
Date Assigned:	01/24/2014	Date of Injury:	05/14/2012
Decision Date:	05/29/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/07/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 26 year old male who had a date of work injury 5/14/12. The diagnoses include electrocution of the little finger burn with ulnar neuropathy, cervical/trapezius and thoracic musculoligamentous strain, left shoulder impingement/strain with small tear of the supraspinatus tendon and anterior/inferior labrum; status post left shoulder arthroscopy 5/22/13 with subacromial decompression, distal clavicle resection debridement labral tears, debridement of bursal surface; right shoulder periscapular strain/tenderness and peritendinitis of the supraspinatus tendon without tear; headaches; psychiatric, sleep and internal medicine complaints. Under consideration are requests for one prescription for Norco 10/325mg # 120 and one prescription for Fexmid 7.5 mg.#60. A 1/21/14 primary treating physician office visit states that the patient complains of dull achy 5/10 pain in the right shoulder with frequent muscle spasms that increased his pain to 8/10. He reports numbness and tingling to the right arm when he lays on the right side. Pain is increased with lifting, carrying and decreased with medications and rest/home exercise program. He was administered right shoulder injection, which did not help with relieving right shoulder pain. He also complains of weakness on the right arm. He also reports pain in the jaw due to grinding of his teeth. He reports on and off flare-up ' in his cervical spine. He takes Norco 10/325 milligrams three to four times per day and Fexmid 7.5 milligrams two times per day. On Visual Analog Scale, pain level decreases from 7/10 to 2/10 with medications. His activities of daily living and function are increased. He is on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325MG #120: Upheld

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

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

Decision rationale: One prescription of Norco 10/325mg #120 is not medically necessary per the MTUS guidelines. Documentation submitted reveals that patient has been using Norco since at least September of 2012 without significant functional improvement as defined by the MTUS or improvement in pain. The MTUS guidelines state, " When to Discontinue Opioids:(a) If there is no overall improvement in function, unless there are extenuating circumstances 7) When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. The patient has not returned to work or have improved functioning and pain and therefore the request for Norco 10/325mg #120 is not medically necessary.

ONE PRESCRIPTION OF FEXMID 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE AND ANTISPASMODIC Page(s): 64.

Decision rationale: One (1) prescription of Fexmid 7.5mg #60 is not medically necessary per MTUS guidelines. Per guidelines:" This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)." From documentation submitted patient has been on this medication longer than the 2-3 week (since at least April of 2013) recommended period and without functional improvement. The request for Fexmid 7.5 mg #60 is not medically necessary.