

Case Number:	CM14-0002910		
Date Assigned:	01/29/2014	Date of Injury:	11/21/2008
Decision Date:	07/07/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, 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. 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 42-year-old male who has submitted a claim for left shoulder sprain/strain, left elbow contusion, and left hip contusion; associated with an industrial injury date of 11/21/2008. Medical records from 04/04/2012 to 12/17/2013 were reviewed and showed that patient complained of left-sided body pain, graded 7-8/10, accompanied by achiness and tingling in the leg. With medications, his pain goes down to 2/10, which allows him to go to work, perform activities of daily living, and interact with his children. Physical examination showed tenderness in the left shoulder and left hip regions. He had a non-antalgic gait. Range of motion of the left shoulder was slightly limited with popping. Motor testing was normal. Treatment to date has included trazodone, Norco, Flexeril, naproxen, physical therapy, and left shoulder surgery (2009).

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #90: Overturned

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Norco since 2012. The most recent progress report, dated 12/11/2013, states that pain decreases from 7-8/10 to 2/10 with medications. Patient is able to work full-time, complete activities of daily living, and interact with his children. There is no evidence of adverse side effect and aberrant drug intake. Therefore, the request for NORCO 10/325mg #90 is medically necessary.

NAPROXEN 500 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66-67.

Decision rationale: As stated on page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been prescribed naproxen since 2013, and still complains of left-sided body pain. Long-term use is not recommended. Furthermore, the medical records submitted for review do not show evidence of osteoarthritis in the patient. Therefore, the request for naproxen 500mg #30 is not medically necessary.

FLEXERIL 10 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated on page 41 of CA MTUS Chronic Pain Medical Treatment Guidelines, treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, the patient has been prescribed Flexeril since 2013. Objective findings do not provide evidence for presence of muscle spasm necessitating its use. Furthermore, long-term use of Flexeril is not recommended. Therefore, the request for Flexeril 10mg #30 is not medically necessary.