

<b>Case Number:</b>	CM14-0102932		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/26/2003
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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 58-year-old gentleman was reportedly injured on August 26, 2003. The mechanism of injury is recorded as a bucket full of grout fell just beneath his hard hat striking the base of his neck and shoulder. The progress note, dated May 20, 2014, indicates that there are ongoing complaints of neck pain, back pain, shoulder pain, as well as insomnia and complaints of erectile dysfunction. Shoulder pain is rated as 6/10 right greater than left, cervical spine discomfort is described as 8/10 and lumbar discomfort as 6/10 on a visual analogue scale (VAS). The physical examination of the lumbar spine, reported a small lump 7-9 mm around the right paralumbar region at L4-5. On palpation this had a consistency of a soft lump (Lipoma). Paralumbar muscle tenderness and muscle spasm more on the right side was described. Tenderness and excellent range of motion was described upon examination. There was a positive right side straight leg raise test at 60. The physical examination of the right shoulder noted tenderness at the right acromioclavicular joint. A more recent progress note dated June 10 2014 reported his lumbar spine pain to be 8/10 and shoulder pain 9/10 on a VAS. Right shoulder range of motion was decreased with flexion to 140 and abduction to 130. Diagnostic imaging studies of the cervical spine show a disc protrusion at C5 - C6 with spinal stenosis. Previous treatment includes oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Norco 7.5/325 mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco(r)), and Opioids, Criteria for us.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The June 10th progress note indicated the pain level is 9/10. The California MTUS guidelines support short-acting opiates at 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. None of these criteria were discussed in the progress notes presented. In fact, there is indication that no medications have been employed the prior 3 months. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. A back brace was employed to manage the pain and appears to be successful. As such, this request for Norco is not medically necessary.

**1 prescription for Flexeril 10 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (r) (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41,64.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. This is a clinical situation where the pain complaints have been present for quite some time. Furthermore, the progress note indicate that there have not been medications used for three months, thereby demonstrating that there is no clinical need for this medication. There are no studies supporting the long-term use of Flexeril and this is not indicated for chronic or indefinite use. Additionally, when noting the physical examination reported there is no clear indication of any efficacy or utility with the use of this medication. The last several progress notes indicate muscle spasm with no amelioration. Given the claimant's date of injury and the current clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.