

Case Number:	CM14-0010968		
Date Assigned:	02/21/2014	Date of Injury:	08/08/2011
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 injured worker is a 49 year old female with a reported date of injury on 08/08/2011. The worker was injured while standing on a stepladder pulling a case of wine of the top shelf. The progress note dated 08/13/2013 noted the provider prescribed Norco and Flexeril for pain. The operative report dated 01/21/2014 noted the injured worker underwent a right shoulder arthroscopic capsular release, extensive debridement and gentle manipulation under anesthesia. The progress note dated 02/19/2014 reported the injured worker was status post right shoulder surgery. The injured workers medication regimen included Norco 10/325, Medical Tetrahydrocannabinol, Metformin, Glyburide and birth control medications. The request of authorization form for Norco 10/325mg 1 tablet by mouth three times daily as needed for pain #90 with 1 refill and Flexeril 10mg 1 tablet by mouth three times a day as needed for spasms #90 with 1 refill for right shoulder derangement, right shoulder impingement, and cervical sprain/strain was dated 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

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

Decision rationale: The request for Hydrocodone 10/325mg #90 with 1 refill is non-certified. The injured worker rated her pain at 2/10 with medication and 9/10 without medication. The medication allows the injured worker increased functionality in her activities of daily living, including personal hygiene, food preparation, and basic home care. The injured worker does not show any signs of misuse of abuse of the medication or display aberrant behavior. The California Chronic Pain Medical Treatment guidelines recommend ongoing and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommended pain assessment should include the current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of functions, or improved quality of life. The progress note dated 02/05/2014 reported the injured worker was doing well and was to continue with a home exercise program and therapy for stretching. The request for an additional refill of the medication would not be indicated as the continued efficacy of the medication should be assessed prior to providing additional medication. The documentation provided does not include the current pain, least reported pain, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request is not medically necessary and appropriate.

FLEXERIL 10MG #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The request for Flexeril 10mg #90 with 1 refill is non-certified. The injured worker was noted to be taking Flexeril for spasms. The California Chronic Pain Medical Treatment guidelines state Flexeril is an option, using a short course of therapy. The guidelines also state the effect is greatest in the first 4 days of treatments, suggesting that shorter courses may be better and treatment should be brief. The guidelines also recommend the use of flexeril post-operatively. The addition of cyclobenzaprine to other agents is not recommended. The injured worker has used Flexeril previously; however, the efficacy of the medication was unclear. It was unclear how long the injured worker has been utilizing the medication. It was unclear if the injured worker had significant muscle spasms upon physical exam. Therefore, the request is not medically necessary and appropriate.