

Case Number:	CM14-0011817		
Date Assigned:	02/21/2014	Date of Injury:	12/07/2008
Decision Date:	07/03/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/29/2014

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 52-year-old female who reported an injury on 12/07/2008. The mechanism of injury was noted as heavy lifting. The clinical note dated 04/29/2014, reported that the injured worker complained of right shoulder, low back, and right knee pain. The physical examination revealed a positive straight leg raise on the right. Clinical note dated 12/06/2013 revealed the injured worker's prescribed medication list included Norco and flexeril. A MRI revealed the injured worker had L4-5 herniated nucleus pulposus. The injured worker's diagnoses included cervicothoracic strain, arthrosis with mild stenosis; right shoulder status post manipulation under anesthesia with arthroscopic subacromial decompression and Mumford procedure; left shoulder impingement syndrome with acromioclavicular joint arthrosis and possible rotator cuff tear; lumbosacral strain, arthrosis with foraminal stenosis. The provider requested Norco and Flexeril. The rationale was not provided within the clinical documentation. The Request for Authorization form was submitted on 01/26/2014. The injured worker's prior treatments were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 78-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 78, 91.

Decision rationale: The injured worker complained of right shoulder, low back, and right knee pain. The requesting provider's rationale for Norco was not provided. The California Medical Treatment Utilization Schedule (MTUS) guidelines state Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent, or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of Norco as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary and appropriate.

FLEXERIL 10 MG QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

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

Decision rationale: The injured worker complained of right shoulder, low back, and right knee pain. The requesting provider's rationale for flexeril was not provided. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided documenting the efficacy of Flexeril as evidenced by decreased pain, muscle spasms, and significant objective functional improvements. There is a lack of clinical information provided indicating how long the injured worker has used Flexeril. The guidelines recommend Flexeril as a short course of therapy. Furthermore, the requesting provider did not specify the utilization frequency being requested. Therefore, the request is not medically necessary and appropriate.