

Case Number:	CM14-0014864		
Date Assigned:	04/25/2014	Date of Injury:	08/10/2007
Decision Date:	08/11/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 Internal Medicine and is licensed to 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 62 year old female who had a work-related injury on 08/10/07. There is no documentation of her mechanism of injury. She is being seen for chronic bilateral shoulder and upper extremity pain. Most recent clinical note dated 10/08/13 the injured worker states there have been no major changes since her last visit. She has been unable to get in the gym. Her gym membership request is still pending. Since she does not have access to the gym, she walks for exercise, but she does not have any exercise equipment at home nor access to a swimming pool which she really enjoys doing. She is here for a refill of her medications. Physical exam showed no significant change. A diagnosis was chronic bilateral shoulder pain. Right shoulder MRI from August 2008 showed partial tear of the rotator cuff, moderate (AC) joint arthritis. MRI of the left shoulder from August 2008 showed AC joint degenerative changes, but intact rotator cuff and biceps. Negative electrodiagnostic studies of right upper extremity April 2010. Bilateral epicondylitic pain. Chronic neck and bilateral upper extremity pain, MRI from May 2010 showed severe bilateral foraminal stenosis at C5-6 with moderate central stenosis. In reviewing the documents submitted, there is no documentation of functional improvement as well as no VAS scores with and without medication. Also, there are no urinary drug screening reports. There was a prior utilization review dated on 07/22/13 which the reviewer modified the Norco and Flexeril. There was another utilization review on 01/29/14 where the Norco and Flexeril were both not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #90 (date of service 01/07/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, opioids.

Decision rationale: The request for Norco 5/325 mg #90 (date for service 01/07/2014) is not medically necessary. Prior utilization review dated 01/29/14 was not medically necessary. The clinical documentation submitted for review does not support the request for Norco. There is no documentation of functional improvement as well as no visual analog scale pain scores with and without medication. Also, there are no urinary drug screening reports. Therefore medical necessity has not been established.

Flexeril 10 mg #90 (date of service 01/07/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FLEXERIL Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle relaxants (for pain).

Decision rationale: The request for Flexeril 10 mg #90 (for date for service 01/07/2014) is not medically necessary. The clinical documentation submitted for review does not support the request for Flexeril. There is no documentation of functional improvement. The guidelines recommend for short course of treatment, 2-3 weeks. As such, medical necessity has not been established.