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| Case Number: | CM14-0019041 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 07/09/2008 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 injured worker is a 63-year-old female injured on 07/09/08 as a result of repetitive turning of her wrist, while assisting with fixing computers during her normal job duties. The injured worker complained of pain to the left hand, wrist, and shoulder, as well as the upper back. Current diagnoses include cervical discogenic disease, cervical facet arthrosis, left shoulder tendinitis, left shoulder impingement syndrome, lumbar discogenic disease, and chronic low back pain. Documentation indicates the injured worker presented for evaluation for chronic cervical spine pain, left shoulder pain, and low back pain. The injured worker rated the neck pain at 7-8/10, left shoulder pain at 7-8/10, and low back pain at 8/10. Physical examination revealed cervical spine spasm, pain and decreased range of motion, facet tenderness, radiculopathy bilaterally at C5-C7 and pain with axial compression, indicative of facet arthrosis. Examination of the lumbar spine revealed spasm, painful and limited range of motion, positive Lesegue on the left, positive straight leg raise on the left, at 50 degrees. Exam of the left shoulder reveals a positive impingement sign, painful range of motion, and forward flexion and abduction to 90 degrees. The documentation indicates the injured worker will continue home exercise program, TENS/EMS unit, and medication management. Medications include Norco 10/325mg 2 tablets three times a day, Flexeril 7.5mg twice a day, and Neurontin 600mg 2 tablets four times a day. The provider requested Norco 10/325mg, quantity: 180 and Flexeril 7.5mg, quantity: 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the documentation indicates the patient continually rated her pain at elevated VAS with the use of medications indicating a lack of efficacy. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics. The medical necessity of Norco 10/325MG QTY: 180 cannot be established at this time.

FLEXERIL 7.5MG QTY: 90.00: Upheld

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

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 7.5MG QTY: 90.00 cannot be established at this time.