

Case Number:	CM14-0113664		
Date Assigned:	08/01/2014	Date of Injury:	01/24/2011
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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 and is licensed to practice in Texas & Oklahoma. 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 48-year-old female who reported an injury on 01/24/2011. The mechanism of injury was not provided for clinical review. The diagnoses included left shoulder impingement syndrome, status post surgery. Previous treatments included physical therapy, medication, and surgery. Within the clinical note dated 07/02/2014, it was reported the injured worker reported her left shoulder slowly getting better with improvement. She rated her left shoulder pain 6/10 in severity, and increases to 8/10 in severity after physical therapy. Upon the physical examination, the provider noted the left shoulder range of motion was forward flexion at 125 degrees and abduction at 135 degrees. The injured worker had a negative impingement sign. The provider noted the injured worker had severe trigger point subscapularis, rhomboid, upper and lower trapezius, occipital, scalene, left greater than right tenderness to palpation biceps, left shoulder. The medication regimen included ibuprofen, Norco, and Flexeril. The provider requested Flexeril, Motrin, and Norco. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): page(s) 63, 64.

Decision rationale: The request for Flexeril is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication for an extended period of time, since at least 01/2014, which exceeds the guidelines' recommendation of short-term use. Therefore, the request is not medically necessary.

60 Tablets of Motrin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Ibuprofen; Anti-inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67, 72..

Decision rationale: The request for 60 tablets of Motrin 800 mg is not medically necessary.. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, since at least 01/2014, which exceeds the guidelines' recommendation of short-term use. Therefore, the request is not medically necessary.

60 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78..

Decision rationale: The request for 60 tablets of Norco 10/325 mg is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the

medication since at least 01/2014. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.