

Case Number:	CM14-0115484		
Date Assigned:	08/04/2014	Date of Injury:	11/23/2009
Decision Date:	10/03/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/23/2014

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 Nevada. 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 records, presented for review, indicate that this 39 -year-old male was reportedly injured on 11/23/2009. The mechanism of injury was noted as a cow fell on his head while he was milking the cow on a ranch. The most recent progress notes dated 6/19/2014 and 7/24/2014 indicated that there were ongoing complaints of cervical, thoracic and shoulder pains. Physical examination demonstrated C-spine tenderness midline C4-C5 and C5-C6, tight musculature of the cervical spine with ROM flexion 30 degrees, extension/rotation 20 degrees and 2+ biceps, triceps and brachioradialis reflexes, no gross motor weakness UE. T-spine has very tight muscles with painful rotation to right/left at 10 degrees, tenderness over left rotator cuff with positive impingement test. No instability at glenohumeral joint on AP stressing. Compression of humeral head into the subacromial area was uncomfortable. No recent diagnostic imaging studies available for review. Previous treatment included therapy, home exercises, bracing, TENS unit and medications to include Norco, FlexMid, Anaprox, Prilosec, Norflex and Topical Analgesic creams. A request had been made for Norco 10/325 mg #120 with 3 refills (modified for #96), Duexis 800/26 mg #60 with 3 refills, Norflex 100 mg #60 with 3 refills (modified for #60), which were not medically necessary in the utilization review on 7/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The claimant has chronic neck, back and shoulder pain after a work-related injury in 2009. Review, of the available medical records, fails to document any objective or clinical improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

Duexis 800/26mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Duexis (Ibuprofen & Famotidine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:NCBI: Musculoskeletal Disorder

Decision rationale: MTUS Treatment Guidelines do not specifically address the medication Duexis (Ibuprofen/Famotidine); however, Non-Steroidal Anti-Inflammatories are considered traditional first-line of treatment to reduce pain and inflammation to increase function. GI side effects and adverse events associated with NSAIDs can be decreased with H-2 receptor antagonist; however, a search for an article and/or study to support the request has failed to document increased efficiency of Duexis when compared to taking both ibuprofen and famotidine as separate tablets. Furthermore, the claimant was taking Prilosec; however, the medical records do not document why this medication was discontinued the request is not considered medically necessary.

Norflex 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex: Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: Orphenadrine (Norflex) is an anticholinergic drug closely related to Diphenhydramine and used to treat painful muscle spasms. MTUS guidelines do not support muscles for long-term use because long-term efficacy is unproven and there is risk of abuse and

dependence. Most guidelines limit use to 4 weeks. Review, of the medical records, reveals that this medication is being used long-term. As such, this request is not considered medically necessary.