

Case Number:	CM14-0117189		
Date Assigned:	08/06/2014	Date of Injury:	03/20/1999
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/25/2014

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 American Board of Family Practice 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:

This is a 56 yr. old male claimant sustained a work injury on 3/22/99 involving the right shoulder. He was diagnosed with a supraspinatus and infraspinatus tear and underwent arthroscopy with debridement/subacromial decompression in March 2012. His pain had been managed with Hydrocodone, Duragesic, Flexeril, Ibuprofen, topical Lidoderm and Flexeril since at least January 2014. He had also received steroid injections, which provided temporary relief. A progress note on July 3, 2014 indicated the claimant had continued 7/10 pain in the right shoulder. Exam findings were notable for a positive Hawkin's and cross over test. Tenderness was noted in the acromioclavicular joint. The treating physician continued Flexeril and Hydrocodone along with continuing a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Hydrocodone/Acetaminophen 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; When to Continue Opioids; Opioids, long-term assessment; Strategy for maintenance.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months along with other opioids (Duragesic) without significant improvement in pain or function. Therefore, Hydrocodone/Acetaminophen 10/325mg #150 is not medically necessary.

1 Prescription of Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than a placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period without improvement in pain or function. Therefore, Flexeril 10mg #90 is not medically necessary.