

Case Number:	CM14-0129295		
Date Assigned:	08/15/2014	Date of Injury:	12/04/2013
Decision Date:	09/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 Medicine and is licensed to practice in Texas. 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 53 year old female who reported an injury to her entire spine as a result of a motor vehicle accident on 12/04/13. The utilization review dated 07/18/14 for Norco and Norflex resulted in non-certification. Long term use of opioid therapy was not supported. No recent urine drug screens were submitted confirming compliance. Therefore, Norco was non-supported. Long term use of muscle relaxants was not supported. Therefore, Norflex was not recommended for certification. Clinical note dated 05/07/14 indicated the injured worker complaining of right upper extremity pain. Much of the clinical documentation was handwritten and was very poor to read secondary to poor copy quality. The ultrasound report dated 04/11/13 revealed no tear at the right no rotator cuff tear at the right shoulder. Areas of adhesive capsulitis were identified at the right shoulder. The clinical note dated 02/04/14 indicated the initial injury occurred when she had a slip and fall resulting in left foot and ankle sprain. The injured worker also reported a knee contusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Injured workers must demonstrate a functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. No documentation was submitted regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. 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 Norco 2.5/325 mg #60 is not medically necessary and appropriate.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Muscle relaxants are 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 injured workers 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 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the request of Norflex 100mg #60 is not medically necessary and appropriate.