

Case Number:	CM14-0151814		
Date Assigned:	09/19/2014	Date of Injury:	02/29/2012
Decision Date:	11/18/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/17/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 30 year old female who sustained an industrial injury on 02/29/12. The request was for Norco 10/325mg #60, Norflex 100mg #60, and Tramadol 50mg #30. Evaluation has included an MR arthrogram of left shoulder on 10/25/13 that revealed supraspinatus tendinosis. Treatment has included medications, cervical spine ESI and chiropractic care. The diagnoses included superior glenoid labrum lesions and intervertebral cervical disc disorder. Her clinical note from 05/27/14 was reviewed. Subjective complaints included left shoulder pain that worsened with left arm use. Treatment plan was referral to pain management. Most recent progress note was not available for review. Some of the information was taken directly from the utilization review denial letter. According to the notes from 08/28/14, she had pain in left shoulder radiating down to her left arm. Her pain was 8/10. Her range of motion was limited at her cervical spine and foraminal compression tests were positive on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The employee had ongoing left shoulder pain and neck pain. Her medication list was not available for review. The most recent progress note listed a pain level of 8/10. Results of urine drug screen were unavailable. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, the guidelines also recommend discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. According to the guidelines the lowest possible dose should be prescribed to improve pain and function as well as ongoing review and documentation of pain relief, functional status, probably medication use and side effects as necessary should be noted. Pain assessment should include: Current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. There was no note about improvement with opiates. There was no recent urine toxicology screen or functional assessment. Therefore, this request is not medically necessary.

Norflex 100mg #60: Upheld

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

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

Decision rationale: According to the Chronic Pain Treatment guidelines, muscle relaxants are recommended only as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Norflex in particular had anticholinergic side effects like drowsiness, urinary retention and dry mouth limiting its use in the elderly. The employee was 2 years status post injury and it was not clear what the current medications were. Given the chronicity of the employee's complaints, unclear duration of treatment and absence of muscle spasms, the treatment guidelines for use of Norflex have not been met. Therefore, this request is not medically necessary.

Tramadol 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The employee had ongoing left shoulder pain and neck pain. Her medication list was not available for review. The most recent progress note listed a pain level of 8/10. Results of urine drug screen were unavailable. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and

potential aberrant behaviors. In addition, the guidelines also recommend discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. According to the guidelines the lowest possible dose should be prescribed to improve pain and function as well as ongoing review and documentation of pain relief, functional status, probably medication use and side effects as necessary should be noted. Pain assessment should include: Current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. There was no note about improvement with opiates. There was no recent urine toxicology screen or functional assessment. Therefore, this request is not medically necessary.