

Case Number:	CM14-0157986		
Date Assigned:	10/01/2014	Date of Injury:	09/04/2008
Decision Date:	12/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational Medicine, 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:

Patient is a 53 year-old male with date of injury 09/04/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/22/2014, lists subjective complaints as pain in the shoulders, elbows and wrists. Objective findings: Examination of the bilateral shoulders revealed a well-healed incisional scar with tenderness over the acromioclavicular joint and posterior capsular region. Range of motion of the bilateral shoulders was between 60 to 70% in forward flexion and abduction. Elbow examination revealed tenderness over the left lateral epicondylar region and full range of motion of the bilateral elbows. Bilateral wrist examination revealed positive Tinel sign. Motor exam was 4/5 in the right shoulder for flexion and abduction, 5-/5 in the left elbow and 5/5 in the bilateral wrists. Sensory exam was grossly intact in the bilateral upper extremities and deep tendon reflexes were 2+ and equal. Diagnosis: 1. Status post bilateral shoulder arthroscopy with chronic shoulder pain 2. Status post bilateral carpal tunnel surgery with redo on right side lately and recurrent and worsening pain on the left 3. Status post right elbow cubital tunnel surgery 4. Cervical disc derangement 5. Cervical sprain/strain 6. Tension headache 7. Seizure disorder 8. Gastritis with nausea and vomiting. The medical records supplied for review document that the patient has been taking Norco for at least as far back as six months. Flexeril and Flurbiprofen cream were prescribed on 08/22/2014. Medications: 1. Flexeril 7.5mg, #60 SIG: BID 2. Flurbiprofen Cream 20% SIG: PRN 3. Norco 5/325mg, #60 SIG: BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been prescribed a quantity of Cyclobenzaprine that's greater than the amount necessary for a 2-3 week course recommended by the MTUS. Cyclobenzaprine is not medically necessary. Flexeril 7.5mg BID #60 is not medically necessary.

Flurbiprofen Cream 20 percent PRN #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen Cream 20 percent PRN #1 is not medically necessary.

Norco 5/325mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 6 months. Norco 5/325mg BID #60 is not medically necessary.