

<b>Case Number:</b>	CM14-0162197		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/11/2008
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Family 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:

The patient had a date of injury on 9/11/2008. The patient injured her shoulders but mechanism of injury is not provided in the patient's medical records. Medications include: Norco 5/325, Norco 10/325, Gabapentin, Biofreeze gel, Relafen, Robaxin, and Lidoderm patches. Diagnosis include: left greater than right shoulder pain s/p operative fixation x2 on the left, s/p right shoulder arthroscopic surgery on 10/29/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750 MG Every Bedtime #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

**Decision rationale:** Based on guidelines Robaxin is recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the patient's medical records it states

the patient has been on muscle relaxants for a long period of time and is using it for shoulder complaints. This is not recommended and thus not medically necessary.

**Norco 10/325 MG BID PRN #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Based on guidelines it does not recommend using opioids for long periods of time. It also states using more than one opioid is not supported and long term use will potentially lead the patient to dependence, addiction, or abuse. According to the medical records the patient has been on Norco for long periods of time and the need for more than one opioid is not recommended and thus not medically necessary.

**Norco 5/325 MG BID PRN #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Based on guidelines it does not recommend using opioids for long periods of time. It also states using more than one opioid is not supported and long term use will potentially lead the patient to dependence, addiction, or abuse. According to the medical records the patient has been on Norco for long periods of time and the need for more than one opioid is not recommended and thus not medically necessary.

**Relafen 750 MG BID #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

**Decision rationale:** According to guidelines it states NSAIDs are used for osteoarthritis and back pain. Long term use is not recommended. Based on the medical records there is no diagnosis to support the chronic usage of Relafen and thus is not medically necessary.