MAXIMUS Federal Services

Case Number:	CM14-0162983		
Date Assigned:	10/08/2014	Date of Injury:	09/13/2013
Decision Date:	12/04/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/03/2014

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, has a subspecialty in Preventive 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 13, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; earlier shoulder surgery on March 3, 2014; and topical agents.In a Utilization Review Report dated September 28, 2014, the claims administrator denied a request for Norco, denied a request for ketoprofen cream, denied a request for Flexeril.The applicant's attorney subsequently appealed.In a June 10, 2014 office visit, the applicant received a shoulder corticosteroid injection.On September 4, 2014, the applicant reported ongoing complaints of neck, shoulder, and left upper extremity pain with derivative complaints of headaches. The applicant suggested that medications were of "no help," stated that surgery had not proven beneficial, and stated that physical therapy, acupuncture, and corticosteroid injections had generated only fleeting benefit. The applicant was given prescriptions for Norco, ketoprofen, and Flexeril. A rather proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. The office visit was entitled 'initial pain management evaluation.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-acetaminophen section Page(s): 91.

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Norco are indicated for moderate-to-moderately severe pain, as was present here on or around the date in question. The applicant did have complaints of severe shoulder pain which had proven recalcitrant to other unspecified medications. The request in question was seemingly initiated on the applicant's first office visit with the requesting provider, a pain management physician. Introduction of Norco was indicated, given the failure of several other operative and non-operative modalities. Therefore, the request was medically necessary.

Ketoprofen cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketoprofen Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is not recommended for topical compound formulation purposes. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is, in fact, using at least two other agents, oral Norco and topical Ketoprofen. Adding Cyclobenzaprine to the mix was not indicated. Therefore, the request was not medically necessary.