

<b>Case Number:</b>	CM14-0172167		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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:

This is a 45-year-old female with a 3/18/14 date of injury. The mechanism of injury occurred when a student placed the hands on the patient's shoulders and squeezed hard, which caused neck pain and flare-up of a prior left shoulder condition. According to a handwritten and slightly illegible progress report dated 10/13/14, the patient reported that her symptoms were unchanged from her prior visit and rated her pain level as 6-8/10. Objective findings: tenderness to palpation of cervical spine, spasms of upper trapezius, decreased cervical spine range of motion, tenderness to palpation of bilateral shoulders (left greater than right), decreased range of motion bilateral shoulders. Diagnostic impression: cervical spine sprain/strain, spondylosis, bilateral shoulder sprain/strain. Treatment to date: medication management, activity modification, chiropractic care, home exercise program. A UR decision dated 10/6/14 denied the requests for Norco and Fexmid. Regarding Norco, records indicate the patient reports a moderate to high pain level of 6-8/10 and noted that condition was worsening. The patient was also to remain off work for 4-6 weeks, which would not indicate Norco provides significant benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 2.5/325mg #120 was not medically necessary.

**Fexmid 7.5mg #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 9792.24.2 Muscle Relaxants Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. According to the records reviewed, this patient has been on Fexmid since at least 8/4/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has received benefit from the medication, has greater ability to undertake activities of daily living, or has a decrease in pain as a result of the use of this medication. Therefore, the request for Fexmid 7.5mg #60 was not medically necessary.