

Case Number:	CM14-0186206		
Date Assigned:	11/14/2014	Date of Injury:	03/21/2000
Decision Date:	12/31/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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, has a subspecialty in Nephrology 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 55-year-old male with a 3/21/00 date of injury, when he slipped off a backhoe and got caught on a handle. The patient underwent right wrist surgery on 8/29/00, right wrist reconstruction with grafting on 7/17/01, left nerve cubital tunnel release in 10/22/12, right shoulder arthroscopy 2/9/05, left and right carpal tunnel release on 8/25/08, and left shoulder arthroscopy on 11/15/10. The patient was seen on 4/1/14 for a follow up visit. Exam findings revealed severe sternovertebral compression tenderness at the 10th and 7th ribs, decreased cervical extension, left-sided biceps weakness, and grip weakness. The patient was seen on 9/29/14 for another follow up visit. The note stated that the medications helped the patient with his pain, and improved his ADLs. The patient had been noted to be on Norco, Flexeril and Celebrex. The physical examination was not documented. The diagnosis was status post multiple upper extremities surgeries, upper extremity pain, and cervicalgia. Treatment to date: multiple surgeries, work restrictions, Physical Therapy and medications. An adverse determination was received on 10/9/14 for a lack of functional improvement and that the Guidelines recommended only a short-time use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Norco 5/325mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, given the 2000 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Lastly, the recent UDS test was not available for the review. Therefore, the request for a Prescription for Norco 5/325mg #50 is not medically necessary.

Prescription for Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. However there is a lack of documentation indicating improvement in the patient's muscle spasms and decrease in the patient's pain on the VAS scale. In addition, the physical examination was not documented and the patient was noted to be on an opioid medication. Lastly, given that the patient's injury was over 14 years ago, the duration of Flexeril use is not clear. Therefore, the request for a Prescription for Flexeril 10mg #30 is not medically necessary.