

Case Number:	CM14-0029377		
Date Assigned:	06/20/2014	Date of Injury:	12/06/2010
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 27 year old male who sustained an injury on 12/06/10 when he was struck from behind by a plastic bale and was pushed forward into the forks of a forklift. The fork struck the injured worker in the right axillary region resulting in pain, bleeding and complete numbness of the right upper extremity with inability to move the right thumb index and long fingers. The injured worker required surgery at the right axillary region to repair nerve damage. Post-operative treatment included physical therapy. Electrodiagnostic studies noted abnormal findings in the right upper extremity. The injured worker was followed by a treating physician for chronic pain management. Medications prescribed included Norco, Flexeril, Motrin, Prilosec, gabapentin, and a topical analgesic cream. The injured worker was seen on 01/30/14. This was a handwritten report that was difficult to interpret due to handwriting and copy quality. It appeared that the symptoms were unchanged but the injured worker was working at modified duty. Medications continued was Norco, Flexeril, Motrin, Prilosec, gabapentin, and a topical analgesic. Physical examination noted limited range of motion in the right upper extremity and positive Phalen and Tinel signs at the right wrist with tenderness to palpation to the right wrist and shoulder. Follow up on 02/27/14 noted that the injured worker was pending further electromyogram. The injured worker reported some benefit from medications with no side effects reported and medications was continued. Physical examination findings were unchanged. Electrodiagnostic studies from 02/20/14 were negative for evidence of radiculopathy or bilateral median radial or ulnar nerve neuropathy. The requested Flexeril 10mg #60 and Norco 5/325mg #180 were denied by utilization review on 02/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG, #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: Flexeril 10mg quantity 60 is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury.

NORCO 5/325MG, #180: 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, Criteria for Use Page(s): 78.

Decision rationale: Norco 5/325mg quantity 180 is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. The use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommends that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. There is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The records provided for review did not identify any particular functional or pain improvement. The records did not include any compliance measures such as toxicology testing or long term opiate risk assessments to determine risk stratification. This would be indicated for Norco given the long term use of this medication.