

Case Number:	CM14-0035162		
Date Assigned:	06/23/2014	Date of Injury:	04/28/2010
Decision Date:	08/12/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury on 04/28/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 02/18/2014 is handwritten and largely illegible. The injured worker's diagnoses included status post left shoulder decompression, thoracic sprain and right shoulder tendonitis. The injured worker reported she underwent left shoulder decompression dated 01/15/2014. The injured worker reported she was using the CPM. On physical examination of the left shoulder, range of motion revealed flexion of 93 degrees, extension of 42 degrees, and abduction of 87 degrees. Right wrist revealed range of motion flexion of 50 degrees, extension of 50 degrees, and right rotation of 100 degrees. The right shoulder revealed mild pain with range of motion flexion of 170 degrees, extension of 49 degrees, abduction 168 degrees, adduction 42 degrees, internal rotation 80 degrees, and external rotation 83 degrees. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Imitrex, Norflex, and naproxen. The provider submitted a request for Norflex, Imitrex, and Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORFLEX (ORPHENADRINE 100MG) ONE PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California Chronic Pain Treatment Guidelines state Orphenadrine is recommended as a non- non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for acute exacerbations or spasms. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, there was lack of a pain assessment with the injured worker. Additionally, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

IMITREX (SUMATRIPTAN 50MG) #9,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for migraines or headaches. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, the provider did not indicate a rationale for the request. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

NORCO (HYDROCODONE/APAP 7.5/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.