

Case Number:	CM14-0042523		
Date Assigned:	06/30/2014	Date of Injury:	05/18/2012
Decision Date:	08/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 injured worker is a 55-year-old male with a reported date of injury of 05/18/2012. The mechanism of injury was noted to be from cumulative trauma. His diagnoses were noted to include left shoulder impingement/bursitis, and right knee moderate degenerative joint disease, right ulnar neuropathy, cervical radiculopathy, right knee severe chondromalacia patella, right knee medial meniscus tear, left shoulder rotator cuff with superior labrum from anterior to posterior lesion, status post right shoulder mini open rotator cuff repair, arthroscopic subacromial decompression with extensive debridement of the biceps and labrum tearing. His previous treatments were noted to include physical therapy, chiropractic care, electrical stimulation, and ultrasound. The progress note dated 06/04/2014 revealed the injured worker complained of pain to the neck, mid/upper back, lower back, bilateral shoulders/arms, and left knee. The injured worker rated his pain to the neck as 4/10 to 5/10, which had decreased from 6/10 on the last visit; 5/10 in the mid/upper back, which had increased from 4/10 on the last visit; 3/10 in the lower back, which had decreased from 4/10 on the last visit; 6/10 to 7/10 on the right shoulder/arm, which had decreased from 7/10 on the last visit; 3/10 in the left shoulder/arm, which had increased from 0/10 from the last visit; and 6/10 to 7/10 on the right knee, which increased from 5/10 on the last visit. The injured worker was asymptomatic regarding his left knee, which had decreased from 5/10 on the last visit. The examination of the cervical spine revealed grade 2 tenderness to palpation over the paraspinal muscles, which decreased from grade 2 to 3 on the last visit. The examination of the thoracic spine noted grade 2 tenderness to palpation with restricted range of motion. The physical examination of the lumbar spine revealed grade 2 tenderness to palpation with restricted range of motion and a positive straight leg raise test bilaterally. The physical examination of the bilateral shoulders revealed grade 2 to 3 tenderness to palpation over the right shoulder and grade 1 to 2 tenderness to palpation over the left

shoulder with restricted range of motion and positive impingement and supraspinatus tests. The physical examination of the bilateral arms noted grade 2 to 3 tenderness to palpation over the right arm and grade 1 to 2 tenderness to palpation over the left arm. The examination of the bilateral knees noted grade 2 tenderness to palpation over the right knee and grade 1 tenderness to palpation over the left knee. The Request for Authorization was not submitted within the medical records. The request was for a pharmacy purchase of Metaxalone 800 mg #45 with a 15 day supply and hydrocodone/APAP 10/325 mg #60 with a 15 day supply; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Metaxalone 800mg #45, 15 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The request for a pharmacy purchase of Metaxalone 800 mg, #45 with a 15 day supply is not medically necessary. The injured worker had multiple areas tender to palpation and restricted range of motion. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefits beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding muscle spasms to warrant an antispasmodic. There is also a lack of documentation regarding the efficacy of this medication. Therefore, the request is not medically necessary.

Hydrocodone/APAP 10/325mg #60, 15 day supply: Upheld

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

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

Decision rationale: The request for Hydrocodone/APAP 10/325 mg, #60 with a 15 day supply is not medically necessary. The injured worker has been utilizing this medication since at least 05/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 As for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. There is evidence of decreased pain on a

numerical scale with the use of medications. There is a lack of documentation regarding improved function status with regards to activities of daily living with the use of medications. There were no adverse effects with the use of medications noted. The documentation indicated the injured worker had not shown any aberrant drug-taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of increased function, absence of adverse side effects, and without details regarding urine drug testing to verify appropriate medication use the ongoing use of opioid medications is not supported by the guidelines. As such, the request is not medically necessary.