

Case Number:	CM14-0048855		
Date Assigned:	06/25/2014	Date of Injury:	05/31/2012
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 42 year old male with a date of injury on 5/31/2012. Diagnoses include left shoulder rotator cuff tear, lumbar disc herniation, degenerative disc disease, and cervical disc herniation. Subjective complaints are of left shoulder pain, and low back pain with radiation into the thigh. Pain without medications is 7/10 and 5/10 with medications, and patient is able to perform activities of daily living. Physical exam reveals left shoulder tenderness, positive impingement, and cross arm test, and decreased range of motion. The lumbar spine was tenderness over the paravertebral muscles, positive Kemp's test, and positive sacroiliac test. Medications include Norco, and Fexmid. Previous treatments include physical therapy and a left shoulder cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary.

FExmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42.

Decision rationale: CA MTUS guidelines indicate that the use of Fexmid (cyclobenzaprine) should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication, the requested prescription for Cyclobenzaprine is not medically necessary.