

<b>Case Number:</b>	CM14-0059179		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Occupational Medicine 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 patient is a 47 year-old male with date of injury 07/01/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/27/2014, lists subjective complaints as pain in the neck and left shoulder. Objective findings: Examination of the left shoulder revealed flexion and abduction approximately 60 degrees, internal and external rotation 30. Motor strength 5/5. Examination of the cervical spine revealed tenderness of the paraspinal muscles with negative Spurling's. Range of motion was restricted in all planes due to pain. Diagnosis: 1. Status post left shoulder surgery for recurrent tear 2. Chronic mid and low back pain 3. Cervogenic headaches with cervical strain 4. Left wrist pain with possible carpal tunnel syndrome. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as 6 months. Medications: 1. Norco 10/325mg, #240 SIG: 1 PO Q 4-6h 2. Flexeril 10mg, #100 SIG: 1 tablet per day 3. Relistor 12mg, #10 SIG: 1 PO BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 74-94 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. The request is not medically necessary and appropriate.

**Flexeril 10mg #100:** 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 9792.20 - 9792.26, Page 64 Page(s): 64.

**Decision rationale:** The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There are no muscle spasms documented on the physical exam. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The request is not medically necessary and appropriate.

**Relistor 12mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/relistor.html#Indications>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 77 Page(s): 77.

**Decision rationale:** Relistor (methylnaltrexone) is a narcotic drug that blocks certain effects of other narcotic medicines. It works by preventing constipation without reducing the pain-relieving effects of the narcotic. Relistor is usually given after laxatives have been tried without successful treatment of constipation. There is no documentation that laxatives have been ineffective in treating the patient's opioid-induced constipation. The patient has been prescribed Dulcolax for this purpose. The request is not medically necessary and appropriate.