

Case Number:	CM14-0064216		
Date Assigned:	07/11/2014	Date of Injury:	04/28/2010
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 is a 63-year-old female with a 4/28/10 date of injury. She injured her neck, shoulders, back, and right knee as a result of a slip-and-fall accident. According to a 5/9/14 progress report, the patient presented for evaluation after surgery for the left shoulder. She has been able to use her left arm for activities of daily living for limited periods of time. Objective findings: painful ROM of left shoulder, tenderness to palpation of trapezius and mild spasm of right shoulder, tenderness of bilateral wrists. Diagnostic impression: left shoulder impingement syndrome. Most of the progress reports provided for review were handwritten and difficult to read. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/21/14 modified the request for Norco 5/325 mg from 120 tablets to 60 tablets for weaning purposes and denied the request for Norflex and Sumatriptan. Regarding Norco, the current medical records contain only limited details regarding the four A's of opioid management. The documentation does indicate this is being reduced. Regarding Norflex, the medical records do not provide a rationale as to why this case would be an exception to guideline recommendations. Regarding Sumatriptan, the most recent documentation does not indicate migraines or benefit from the medication in regards to the reduction of frequency or intensity of headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 5/325, one by mouth every 6 hours as needed, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco, 5/325, one by mouth every 6 hours as needed, #120 was not medically necessary.

Norflex, 100 mg, one by mouth two times a day, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has a date of injury from 2010, and it is unknown how long the patient has been utilizing Norflex. In addition, there is no documentation of an acute exacerbation of the patient's pain. There is no rationale provided as to why Norflex would be more effective than an NSAID for this patient's pain. Therefore, the request for Norflex, 100 mg, one by mouth two times a day, #60 was not medically necessary.

Sumatriptan Succinate, 50 mg, one at the onset of headache, #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, Head chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. There is documentation that the patient suffers from headaches, however,

there is no documentation that the patient suffers from migraine headaches. Therefore, the request for Sumatriptan Succinate, 50 mg, one at the onset of headache, #9 was not medically necessary.