

Case Number:	CM14-0073685		
Date Assigned:	07/16/2014	Date of Injury:	05/03/1997
Decision Date:	08/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 64-year-old male with a 5/3/97 date of injury. At the time (4/2/14) of request for authorization for Retrospective request: Flexeril 7.5mg (brp) #60 and Retrospective request: Norco (brp) 10/325 mg #30, there is documentation of subjective (chronic moderate right upper extremity pain and right shoulder pain) and objective (decreased right shoulder range of motion with positive impingement testing and tenderness to palpation over the biceps groove, glenohumeral joint and great tubercle of the humerus) findings, current diagnoses (right shoulder pain), and treatment to date (ongoing therapy with Norco and Flexeril since at least 3/5/14 with decrease in pain levels and increase in activities of daily living). In addition, medical report identifies a signed pain agreement. Regarding Retrospective request: Flexeril 7.5mg (brp) #60, there is no documentation of acute exacerbation of chronic pain and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg (brp) #60 dispensed on 04/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics - Flexeril Page(s): 78 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of right shoulder pain. In addition, there is documentation of chronic pain. Furthermore, given documentation of decrease in pain level and increase in activities of daily living with use of Flexeril, there is documentation of functional benefit or improvement as an increase in activity tolerance. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Flexeril since at least 3/5/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg (brp) #60 dispensed on 04/02/2014 is not medically necessary and appropriate.

Norco (brp) 10/325 mg #30 dispensed on 04/02/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Norco Page(s): 78 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar spine, lumbosacral radiculitis, muscle spasms, lumbago, and sciatica. In addition, given documentation of a signed pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Norco resulting in decreased pain levels and increase in activities of daily living, there is documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines

and a review of the evidence, the request for Norco (brp) 10/325 mg #30 dispensed on 04/02/2014 is medically necessary and appropriate.