

<b>Case Number:</b>	CM14-0074944		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/23/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 case involves a 46-year-old female who reported an injury on 03/23/2011. The mechanism of injury was not provided. On 06/06/2014, the injured worker presented with complaints of pain to her neck, right shoulder, and right upper extremity. On examination of the neck and upper extremity, there was decreased sensation over the right upper extremity and +1 deep tendon reflexes. There was tenderness over the right shoulder diffusely and left shoulder over the anterior aspect. The bilateral shoulders had decreased range of motion and the cervical spine had tenderness to palpation with decreased range of motion. Current medications include Hydrocodone/Acetaminophen, Norco, Cyclobenzaprine, Gabapentin, Diclofenac, Naproxen, Duloxetine, Estradiol, and Solifenacin. The injured worker's diagnosis included shoulder pain, medical epicondylitis, muscle pain, numbness, chronic pain syndrome, cervical radiculitis C7, entrapment neuropathy distal radial nerve, and hand pain. The provider recommended Norco and Flexeril. The provider's rationale was not provided. The Request for Authorization form was not include in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 5/325 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommended ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

**Flexeril 5mg, qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasticity/Antispasmodic Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The request for Flexeril 5 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. The provided medical documentation lacked significant objective functional improvement with this medication and the provider's rationale was not within the documentation. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.