

Case Number:	CM14-0081092		
Date Assigned:	07/18/2014	Date of Injury:	01/25/2009
Decision Date:	09/30/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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:

There were 75 pages provided for review. The application for independent medical review was signed on May 26, 2014. The issues were Cyclobenzaprine 7.5 mg one by mouth each evening number 60; and Norco 10/325 mg one by mouth every eight hours for severe pain number 90. Per the records provided, the claimant was born on September 13, 1978. There was an industrial injury on October 19, 2012. The patient needed to lift a box wing 40 to 50 pounds and he felt a popping sensation in the right shoulder. The claimant had a previous injury to the right shoulder when working for the same company about four years prior that required surgical repair and return to work without any limitations. The patient has been under the care of the treating physician right shoulder impingement syndrome and supraspinatus tendinitis and right frozen shoulder. As of April 16, 2014, it is noted that there was conservative care, but the patient was still symptomatic. The patient was seen by an orthopedic surgeon who recommended surgery. The pain level was seven out of 10 going up to 9 out of 10. There was mild limitation of activities of daily living and there was no numbness. Current medicines were Zoloft, Diazepam and Norco. There is pain at the acromioclavicular joint. Neer test is positive. There is no mention of muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg (1 po qhs) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 42.

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

Decision rationale: The MTUS recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, this request is not medically necessary.

Norco 10/325 mg (1 po q8 hr severe pain) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

Decision rationale: In regards to Opiates, long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. Therefore, this request is not medically necessary.