

Case Number:	CM14-0082312		
Date Assigned:	07/21/2014	Date of Injury:	08/13/2012
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/03/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 54-year-old female with an injury date of 08/13/2012. Based on the 04/23/2014 progress report, the patient has some soreness anteriorly from her post right shoulder arthroscopy which took place on 04/16/2014. She wears a shoulder immobilizer, except during her pendulum exercises. The 05/07/2014 progress report indicates that the patient is now wearing a sling on her right arm and removes it for some gentle exercises for her right shoulder. She has tenderness over her anterior rotator cuff. No other positive exam findings were provided after her 04/16/2011 operation. The patient's diagnoses included a right shoulder strain and a right shoulder rotator cuff tear. The utilization review determination being challenged is dated 05/14/2014. Treatment reports were provided from 12/04/2013-05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60 per report dated 04/29/14 QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81, 91-92. Decision based on Non-MTUS Citation Martell-Annals, 2007; Chou, 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: Based on the 04/23/2014 progress report, the patient presents with right shoulder strain and a right shoulder rotator cuff tear. The request is for Norco 10/325 mg #60 per report dated 04/29/2014. This report also states that the patient will be taking Norco for her shoulder pain, which is "3/10 to 4/10 at rest, increasing to 4/10 to 5/10 with activity and decreasing to 1/10 to 2/10 with the use of Norco". The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been using Norco as early as 12/04/2013 and the physician provides a pain scale which reveals how Norco helps the patient after her surgery. However, there isn't any discussion regarding ADLs, adverse side effects, and adverse behavior. Therefore the request is not medically necessary.

Fexmid 7.5 mg #60 per report dated 04/29/14 QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 41-42, 64. Decision based on Non-MTUS Citation Chou, 2004; Browning, 2001.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: Based on the 04/23/2014 progress report, the patient presents with right shoulder strain and right shoulder rotator cuff tear. The request is for Fexmid 7.5 mg #60 per report dated for muscle spasm in the right shoulder girdle muscles. The patient has been taking Fexmid as early as 12/04/2013. None of the reports provide any discussion regarding what Fexmid has done for the patient's pain. According to MTUS Guidelines, Cyclobenzaprine are "not recommended to be used for longer than 2 to 3 weeks." Based on the review of the reports, the patient appears to be taking this medication on a long-term basis. Therefore the request is not medically necessary.