

<b>Case Number:</b>	CM14-0173631		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/26/2005
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 39 year old male with a 1/26/05 injury date. The mechanism of injury was due to cumulative trauma. In a 9/25/14 follow-up, the injured worker reported that tramadol was not effective in managing the left shoulder and lower back pain. The injured worker had decreased function including the inability to perform a home exercise program. His pain was rated at 7/10, which is the same as prior examinations. Objective findings included tenderness over the parascapular musculature, positive impingement signs, and decreased active range of motion of the left shoulder. There was tenderness over the lumbar spine paravertebral musculature with spasm, sacroiliac joint tenderness, reduced lumbar range of motion, decreased sensation in the left L5 and S1 dermatomes, and no motor or reflex deficits. The treatment plan was to discontinue tramadol and restart Norco 10/325 mg. Diagnostic impression: shoulder impingement, back sprain/strain, and partial amputation of left index, middle, and ring fingers. Treatment to date: multiple surgeries, medication, activity modification, physical therapy, home exercise. A UR decision on 10/16/14 denied the request for Norco 10/325 mg #90 on the basis that there was no significant pain relief or functional improvement with previous Norco use, and a rationale for restarting Norco was not submitted. The request for Fexmid 7.5mg #60 was modified to 30 tablets for weaning purposes. The documentation did not show evidence of a decrease in pain or an increase in function to warrant the continued use of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 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. However, given the 2005 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There was no rationale provided to support restarting a medication that was apparently ineffective in reducing pain and improving function. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for patients who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.

**Fexmid (Cyclobenzaprine 7.5mg) #60:** Upheld

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

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

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using 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. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However, in the present case, it is unclear how long this injured worker has been taking cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the injured worker has had an acute exacerbation to his pain. Therefore, the request for Fexmid (Cyclobenzaprine 7.5mg) #60 is not medically necessary.