

Case Number:	CM14-0187999		
Date Assigned:	11/18/2014	Date of Injury:	10/06/2003
Decision Date:	01/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/11/2014

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 Family 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 is a 63 year old female patient who sustained a work related injury on 10/6/2003. The patient sustained the injury due to cumulative trauma. The current diagnoses include left shoulder pain and status post left shoulder arthroscopy. Per the doctor's note dated 8/10/14, patient has complaints of shoulder pain increased with carrying, lifting, push/pulling and reaching activities. She cannot sleep on the left shoulder. Physical examination of the left shoulder revealed flexion 80 degrees, extension 35 degrees, abduction 70 degrees, adduction 25 degrees, internal rotation 30 degrees, and external rotation is 40 degrees, positive impingement and drop arm tests, AC tenderness, and 4/5 weakness in all planes. Per the doctor's note dated 11/11/14 patient had complaints of pain in the left shoulder. Physical examination revealed tenderness on palpation, limited range of motion and crepitus, 4/5 strength, positive impingement and drop arm sign. The current medication lists include Fexmid, Dulcolax and Norco and Lidoderm patches. The patient has had MRI of left shoulder on 6/13/14 that revealed a full thickness tear of the supraspinatus tendon with retraction of the proximal segment. The claimant had left shoulder arthroscopy on 11/11/04 and 2/18/14. The patient has received an unspecified number of the physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with Acetaminophen. According to the California MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. Therefore, the request for Norco 5/325mg #90 is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), NSAIDs, GI symptoms & cardiovascular risk Page(s): 41-42, 68-69.

Decision rationale: According to the California MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxants, the California MTUS guidelines states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.. they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Cyclobenzaprine

is recommended for a short course of treatment for back pain. The patient had sustained a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. Furthermore, as per cited guidelines, skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. This patient does not meet criteria for ongoing continued use of Fexmid 7.5mg #60. Therefore, the request for Fexmid 7.5mg #60 is not medically necessary.