

Case Number:	CM14-0189100		
Date Assigned:	11/20/2014	Date of Injury:	03/18/2009
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/12/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 18, 2009. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve requests for Norco and Flexeril. It was suggested that the applicant was not working. The claims administrator stated that its decision was based on a pain management note dated October 9, 2014. In a May 8, 2014 progress note, the applicant reported ongoing complaints of left shoulder pain, 9/10. The applicant was in the process of pursuing acupuncture. The applicant's medication list included Zofran, Menthoderm, Lidocaine, and Norco. The applicant was asked to pursue acupuncture. The applicant had undergone non-industrial elbow and wrist surgery, it was acknowledged. The applicant was placed off of work, on total temporary disability. Norco, lidocaine, and Zofran were renewed on this date. In an October 9, 2014 progress note, the applicant reported 7/10 shoulder pain with medications versus 8/10 shoulder pain without medications. The applicant was using Zofran, Lidoderm, and Norco. Flexeril 5 mg daily #30 was endorsed for reported muscle spasm and stiffness. Norco was refilled. The applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability, despite ongoing usage of Norco. While the attending provider did report some reduction in pain scores from 8/10 without medications to 7/10 with medications, this appear marginal to negligible at best and is, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Flexeril 5mg, #30: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, however, the applicant is using a variety of other agents, including Norco, Zofran, Lidoderm, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. The 30-tablet supply of cyclobenzaprine at issue, furthermore, seemingly represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.