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| Case Number: | CM14-0189391 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 05/27/1999 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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, has a subspecialty in Clinical Informatics and is licensed to practice in Florida. 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 worker sustained an injury on May 27, 1999. He has chronic bilateral shoulder pain and has a history of 3 surgeries on the right shoulder and 1 on the left. He has neck pain and upper back pain. He had a left upper extremity nerve conduction velocity (NCV) study consistent with borderline left carpal tunnel syndrome. According to the primary treating physician's progress report of 9/26/2014 he has continued neck pain radiating into his upper extremities. He reported doing well on his medications. According to the progress note of June 4, 2014 his Norco was decreased to 2 a day. He was reporting grogginess secondary to the Norco. A consulting physician had also recommended the Norco be decreased to 2 a day. The progress report of 7/3/2014 states 2-3 a day. He takes Flexeril as needed. With medication his pain improves from 8-10/10 to 5/10. He reports that with medications he is able to exercise consistently and carry out his activities of daily living. He has had negative urine drug screens. He has not exhibited any aberrant behaviors in regards to his Norco use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg TID #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to the MTUS Chronic Pain Guidelines for the on-going management of opioid prescription, among the list of required actions is "The lowest possible dose should be prescribed to improve pain and function." The record gave justification for Norco 2 a day but did not provide justification for 3 a day. In fact, the record indicated that this higher dose was resulting in undesirable side effects and the worker himself desired a lower dose. The record indicated that the dose was decreased to 2 a day but did not provide any explanation for a later increase to 3 a day. The request for Norco TID is not medically necessary.

Flexeril 10mg every day as needed #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: Anti-spasmodics such as Flexeril are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The duration of use in this case exceeds the recommendation and is therefore not medically necessary.