

Case Number:	CM14-0198027		
Date Assigned:	12/08/2014	Date of Injury:	06/08/2013
Decision Date:	01/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 injured worker (IW) is a 44-year-old man with a date of injury of June 8, 2013. The mechanism of injury occurred when the IW was carrying a bag on the left shoulder, which weighed approximately 40 pounds, while carry some supplies in the right hand. He reached out to turn a door knob and experienced pain from the hand radiating all the way up to the left shoulder, neck, and upper back. Prior treatments have included 6 sessions of physical therapy, which did not help, and transcutaneous electrical stimulator (TENS) unit, which caused flare-up of the pain. MRI of the left shoulder dated April 9, 2014 showed bursitis. The current diagnoses are neck pain with headaches and radicular symptoms in the left arm; thoracic pain with left-sided radicular symptoms; numbness and tingling in the left arm; left shoulder bursitis; and chronic pain syndrome. Pursuant to the New Patient Consultation dated November 5, 2014, the IW complains of neck pain, thoracic pain and shoulder pain. The neck pain radiates up to the head causing headaches. He complains of constant achy shoulder pain. Documentation indicated that he was thing Norco 5/325mg that was prescribed by a physician at [REDACTED]. The start date as to when the Norco was started is unclear. Left shoulder is non-tender to exam. He has full range of motion. Spurling's is positive on the left. He has negative Hoffman's and negative clonus. The treating physician is requesting authorization for Tramadol ER 150mg #60, Flexeril 7.5mg #60, and Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg QHS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medications, Opioids, Specif.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg QHS #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the ongoing use of opiates. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured worker was seen as a new patient on November 5, 2014. The chief complaints are neck pain, thoracic pain and shoulder pain. The injured worker admits to taking Norco 5/325 mg in the evening. His primary care physician at [REDACTED] supplied him with the opiate analgesics. There are no other details available in the medical record referencing the Norco nor are there any medical records from [REDACTED] to review the prescription history, duration and frequency of Norco use. There are no detailed pain assessments in the medical record and consequently, there is no objective functional improvement either from [REDACTED] or other treating physicians involved with the work injury. A letter from [REDACTED], the company handling workers compensation claim, sent a letter dated November 18, 2014 to the injured worker that liability is being denied for the injury claimed the cervical spine, thoracic spine and left arm. This is based on treatment reports spanning from June 10, 2013 through October 31, 2014. Additionally, the current claims of injuries are not supported by the injured worker's deposition testimony. Consequently, absent the appropriate clinical documentation with detailed pain assessments, objective functional improvement from either [REDACTED] or other treating physicians regarding opiate (Norco) use, Norco 5/325 mg Q HS #60 is not medically necessary.

Flexeril 7.5mg 1 tab PO BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg one tablet PO BID PRN #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker was seen as a new patient on November 5, 2014.

The chief complaints are neck pain, thoracic pain and shoulder pain. Other than Norco, the injured worker denies taking any medications. Norco, according to the injured worker, was being obtained through [REDACTED]. There were no detailed pain assessments in the medical record nor was there evidence of objective functional improvement with Norco. A denial letter from [REDACTED] denied liability for the claim with injuries to the cervical spine, thoracic spine and left arm. The treating physician requested Flexeril 7.5 mg one tablet b.i.d. #60. This would afford the injured worker a one month supply of Flexeril. However, Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. The injured worker's chief complaints are neck pain, thoracic pain and shoulder pain. The diagnoses do not include low back pain. Consequently, absent the appropriate clinical indication and treatment in excess of the recommended guidelines (two weeks), flexible 7.5 mg one PO BID PRN and #60 is not medically necessary.

Tramadol ER 1-2 times a day 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List; Tramadol; and Weaning of Medications,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg, 1 to 2 times a day, #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the ongoing use of opiates. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured worker was seen as a new patient on November 5, 2014. The chief complaints are neck pain, thoracic pain and shoulder pain. The injured worker admits to taking Norco 5/325 mg in the evening. His primary care physician at [REDACTED] supplied him with the opiate analgesics. There are no other details available in the medical record referencing the Norco nor are there any medical records from [REDACTED] to review prescriptions, duration and frequency of Norco. There are no detailed pain assessments in the medical record and consequently there is no objective functional improvement either from [REDACTED] or other treating physicians involved with the work injury. A letter from [REDACTED], the company handling workers compensation claim, sent a letter dated November 18, 2014 that liability is being denied for the injury claimed the cervical spine, thoracic spine and left arm. The denial is based on treatment reports spanning from June 10 of 2013 through October 31 of 2014. Additionally, the current injury claims are not supported by the injured worker's deposition testimony. The documentation doesn't reflect whether Tramadol is being prescribed in isolation or in conjunction with Norco. As stated above (Norco Section Supra), absent the medical records from [REDACTED] showing the opiate history and evidence of objective functional improvement, Tramadol should not be prescribed at this point. Additionally, the claim from the liability carrier indicated the claims being denied.

Consequently, absent the appropriate clinical documentation with detailed pain assessments, objective functional improvement from either [REDACTED] or other treating physicians regarding opiate (Norco) use, tramadol ER 150 mg, 1 to 2 times a day, #60 is not medically necessary is not medically necessary.