

Case Number:	CM14-0199767		
Date Assigned:	12/10/2014	Date of Injury:	03/15/2013
Decision Date:	02/25/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female who suffered a work related injury on 03/15/2013. Diagnoses include left rotator cuff tear, left lateral epicondylitis and thoracic strain. Treatment has included surgery for repair of chronic tear left rotator cuff interval between the infraspinatus and supraspinatus tendon on 06/19/2014, medications, physical therapy and a home exercise program. In a progress note dated 10/30/2014 the injured worker complains of increased pain in the left shoulder, especially with cold. Pain is 6/10 at its worse and 3/10 at rest. Flexion is 110%, and abduction 90+. Still cannot sleep at night. Treatment request is for Norco 10/325mg, sixty count, and Flexeril 10mg, 40 count. Utilization Review dated 11/06/2014 non-certifies the request for Norco 10/325mg, sixty count citing California MTUS (Medical Treatment Utilization Schedule) Chronic Pain Treatment Guidelines-Opioids. Norco (opioids) requires documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Documentation does not provide pain levels before and after use of Norco. Additionally functional benefit is not described and the injured worker has not returned to work. Flexeril 10 mg 40 count is non-certified citing California MTUS Chronic Pain Medical Treatment Guidelines-Antispasmodics. This medication is not recommended to be used for longer than 2-3 weeks. Documentation identifies the injured worker has been utilizing Flexeril for over two months, which exceeded the recommended 2-3 weeks. There is no indication of muscle spasticity on exam or document of benefit with Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." A review of the available medical records reveals that there is no documentation to support the medical necessity of Norco. There also isn't any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. As the MTUS recommends discontinuing opioids if there is no documentation of functional improvement, medical necessity cannot be affirmed.

Flexeril 10 mg, forty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs and Antispasmodics Sections.

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine, it is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle

relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects."The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.