

<b>Case Number:</b>	CM15-0104322		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 64 year old female, who sustained an industrial injury on 9/8/2012. Diagnoses have included frozen right shoulder and chronic adhesive capsulitis of the right shoulder. Treatment to date has included physical therapy and medication. According to the progress report dated 5/1/2015, the injured worker complained of an increase in right shoulder pain. The pain was rated 10/10 without medications, decreasing to 6-7/10 with medications. Physical exam revealed moderate muscle spasms in the right posterior shoulder, right posterior trapezius, right mid thoracic, right triceps, right side of neck, right anterior trapezius, right anterior shoulder and right chest. The injured worker was temporarily totally disabled. Authorization was requested for Norco and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient has persistent right shoulder pain. The current request is for Norco 10/325mg #120. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and 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. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. The patient appears to be suffering increased pain despite long-term use of Norco. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. The request for Norco 10/325mg #120 is not medically necessary.

**Flexeril 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient has persistent right shoulder pain. The current request is for Flexeril 10mg #30. The treating physician has documented that the patient has been using Flexeril for spasm control on an ongoing monthly basis. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. There is documentation provided that indicates that patient take this medication since at least nightly for at least 4 weeks, which is beyond the guideline recommendations. Therefore, the request for Flexeril 10mg #30 is not medically necessary.