

Case Number:	CM15-0016442		
Date Assigned:	02/03/2015	Date of Injury:	08/01/2011
Decision Date:	04/02/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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
 Certification(s)/Specialty: Family Practice

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 76 year old male, who sustained an industrial injury on 8/1/11. He has reported left arm injury after a fall working as a janitor. The diagnoses have included pain in shoulder joint and bicipital tenosynovitis. Treatment to date has included medications, orthopedic visits and physical therapy. Surgery included left shoulder surgery 10/2011 and left shoulder arthroscopy on 11/22/13. Currently, the injured worker complains of residual left shoulder pain following arthroscopic procedure stemming from his industrial injury. He takes Norco, voltaren and flexeril on a regular basis which relieves the pain and allows him to function at his current level. The physical exam revealed parascapular tightness and spasm. Request was for re-fills on medications. Magnetic Resonance Imaging (MRI) of left shoulder dated 8/1/11 revealed rotator cuff tear. The work status was permanent and stationary. On 1/7/15 Utilization Review modified a request for Flexeril 10mg quantity 30 and Norco 5/325mg quantity 90 modified to Flexeril 10mg quantity 15 and Norco 5/325mg quantity 45, noting that regarding the Flexeril this drug is not intended for long term use and regarding the Norco 5/325mg, there was not sufficient clinical documentation of significant pain reduction or functional improvement. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 1/7/15 Utilization Review non-certified a request for Retrospective voltaren ER 100mg quantity 30 (DOS: 12/12/14) with 3 refills, noting that there is no indication that this form of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) is superior to others, or to other options, such as acetaminophen. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg quantity 30: Upheld

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

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

Decision rationale: According to guidelines Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. According to the medical records the patient has been using muscle relaxants for a prolonged period of time and is not recommended and thus not medically necessary.

Norco 5/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with norco usage.

Retrospective voltaren ER 100mg quantity 30 (DOS: 12/12/14) with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nsaid Page(s): 67.

Decision rationale: According to guidelines NSAIDs are used for Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs

are more effective than acetaminophen for acute LBP. According to the medical records there is no improvement with prolonged use of NSAIDs.