

<b>Case Number:</b>	CM15-0141846		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Physical Medicine & Rehabilitation, 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:

The injured worker is a 59 year old female who sustained an industrial injury on 08-06-2013 resulting in multiple injured body parts. Mechanism of injury was not provided. Treatment provided to date has included: physical therapy; right shoulder surgery (2013); medications; and conservative therapies and care. Diagnostic testing was not available for review, and there were no results discussed. There were no noted comorbidities or other dates of injury noted. On 06-22-2015, physician progress report noted complaints of constant neck pain rated 4 out of 10 with tightness on the left side, pain in the left shoulder blade rated 4 out of 10, intermittent pain in the right shoulder blade rated 3 out of 10 when performing shoulder exercises, left thumb pain rated 6 out of 10 (only with movement), low back pain rated 6 out of 10 with prolonged standing or sitting, occasional right knee pain in the patella rated 4 out of 10, stabbing posterior left knee pain rated 6 out of 10, and left shoulder pain rated 7 out of 10. Current medications include ibuprofen, Norco and Flexeril. The physical exam revealed muscle guarding in the cervical spine; increased pain upon terminal range of motion (ROM); tenderness to palpation of the cervical paraspinal musculature; right shoulder atrophy; increased pain towards terminal ROM in the bilateral shoulders; painful arc against resisted abduction in bilateral shoulders, palpable myofascial tenderness bilaterally of the trapezius, supraspinatus tenderness upon palpation of the bilateral shoulders; positive Speed's and impingement test on the right; tenderness over the bilateral carpometacarpal joints of the thumb; positive grind test bilaterally, decreased grip strength on the left, increased low back pain with terminal ROM of the thoracic spine; low back and knee pain with walking on heels and toes; muscle guarding in the lumbar spine; increased

pain with terminal ROM in the lumbar spine; tenderness to the paraspinal musculature of the lumbar spine; popping and crepitus during ROM of the bilateral knees; and bilateral joint line tenderness. The provider noted diagnoses of chronic neck strain (rule out herniated disc), status post right shoulder rotator cuff repair (2013) with residual painful ROM and weakness, left shoulder impingement, bilateral thumb CMC joint arthritis, low back pain (rule out herniated disc), degenerative joint disease in the bilateral knees, and complaints of depression, anxiety and difficulty sleeping. Plan of care includes continued use of left thumb support, continued medications (ibuprofen, Flexeril and Norco), and follow-up in 4-6 weeks. The injured worker's work status was working with restrictions. The request for authorization and IMR (independent medical review) includes: Flexeril 5mg #90 and Norco 10-325mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 5 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

**Norco 10/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional

improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.