

<b>Case Number:</b>	CM15-0145537		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Massachusetts

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 35 year old female with an industrial injury dated 09-06-2013. The injured worker's diagnoses include pain in joint shoulder, pain in thoracic spine and cervicgia. Treatment consisted of diagnostic studies, prescribed medications, hot/cold therapy, physical therapy and periodic follow up visits. In a progress note dated 05-29-2015, the injured worker reported achy pain in the left shoulder rated a 9 out of 10 and intense pain in her lower side of neck and upper back muscles. Objective findings revealed moderate to severe left shoulder pain, limited left shoulder range of motion and impingement signs on the left shoulder joint. Physical exam also revealed moderate to severe tenderness to palpitation over trapezius muscles, infra-supra scapular areas on the left, limited cervical range of motion with pain, and myofascial trigger points of the left shoulder, clavotrapezius and scapular muscles on the left. The treatment plan consisted of medication management. The treating physician prescribed Norco 10/325mg #60 and Flexeril 10mg #60, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in September 2013 and is being treated for neck, upper back, and left shoulder pain. Treatments have included physical therapy, medications, and injections. Medications have included Norco, Tramadol, Flexeril, Motrin, and Prilosec. When seen, pain was rated at 9/10. Short term use of pain medications was referenced. There was decreased and painful cervical and left shoulder range of motion. There was severe muscle tenderness and trigger points were present. There was positive shoulder impingement testing. The assessment references a need for pain medications to increase functionality. Norco and Flexeril had been prescribed for more than 6 months. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in September 2013 and is being treated for neck, upper back, and left shoulder pain. Treatments have included physical therapy, medications, and injections. Medications have included Norco, Tramadol, Flexeril, Motrin, and Prilosec. When seen, pain was rated at 9/10. Short term use of pain medications was referenced. There was decreased and painful cervical and left shoulder range of motion. There was severe muscle tenderness and trigger points were present. There was positive shoulder impingement testing. The assessment references a need for pain medications to increase functionality. Norco and Flexeril had been prescribed for more than 6 months. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.

