

Case Number:	CM15-0160985		
Date Assigned:	08/27/2015	Date of Injury:	01/24/2011
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 48 year old female sustained an industrial injury on 1-24-11. She subsequently reported left upper extremity pain. Diagnoses include myofascial pain. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience left shoulder pain. Upon examination, there was spasm noted and tenderness to palpation noted in the AC joint, bicipital groove, GHJ, deltoid, inferior border and medial border of the scapula and rhomboids. Left shoulder range of motion is reduced. Mild impingement sign is noted. A request for 60 Tabs of Flexeril 10 MG with 2 Refills and 120 Tabs of Norco 10/325 MG was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tabs of Flexeril 10 MG with 2 Refills: Upheld

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

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

Decision rationale: The current request is for 60 Tabs of Flexeril 10 MG with 2 Refills. The RFA is dated 08/06/15. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The patient is working without restrictions. MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (for pain) section, states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): 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. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." Per report 08/05/15, the patient presents with left shoulder pain. Upon examination, there was spasm noted and tenderness to palpation. Left shoulder range of motion is reduced and mild impingement sign is noted. This is a request for refill of medications. The patient report with medications her pain is reduced from 8-9/10 to 4-5/10. With medications the patient is able to tolerate exercises and maintain good functional level and home and work. Although, the patient reports improvement with medications, MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. The current request for #60 with 2 refill does not indicate short term use. This request IS NOT medically necessary.

120 Tabs of Norco 10/325 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The current request is for 120 Tabs of Norco 10/325 MG. The RFA is dated 08/06/15. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The patient is working without restrictions. MTUS, CRITERIA FOR USE OF OPIOIDS, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 08/05/15, the patient presents with left shoulder pain. Upon examination, there was spasm noted and tenderness to palpation. Left shoulder range of motion is reduced and mild impingement sign is noted. This is a request for refill of medications. The patient report with medications her pain is reduced from 8-9/10 to 4-5/10. With medications the patient is able to tolerate exercises and maintain good functional

level and home and work. The patient is able to full-duty without restrictions. The treater states that the patient exhibits no signs of diversion with consistent UDS. A signed pain contract is noted to be on file. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.