

<b>Case Number:</b>	CM15-0162233		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	12/15/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 63 year old female who sustained an industrial injury on 12-15-2014. A review of medical records indicates the injured worker is being treated for rotator cuff tear and left side cervical whiplash, and cervicogenic headaches. Medical records dated 7-21-2015 noted shoulder pain. Condition is located in the right hand and left shoulder and pain was rated a 7 out of 10. Medical records dated 6-24-2015 noted pain a 7 out 10. Physical examination dated 7-21-2015 noted full passive range of motion in her shoulder in abduction, forward flexion, external rotation, and internal rotation. She was able to abduct to 90 degrees but had difficulty raising her left arm overhead. External rotation on the left was 4-5 and on the right was 5-5. She had a positive impingement sign on the left. MRI revealed a full thickness massive, retracted rotator cuff tear, possible labral tear, and possible long head biceps tendon tear. Treatment has included physical therapy and medications (Norco and Flexeril since at least 6-10-2015). Utilization review form dated 7-29-2015 noncertified Norco 10-325mg #120 and Flexeril 10mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 1 PO QID #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** MTUS Guidelines have very specific standards necessary to support the long term use of opioid medications. These standards are not being met with this individual. The Guidelines call for very specific documentation regarding how an opioid medication is being utilized, how much pain relief is realized and how long the pain relief lasts. In addition, detailed improvements in function are necessary to justify continued long term use for non-cancer pain. The shoulder surgery is greater than 6 months ago and the continued medical necessity for QID dosing is not documented, there is no documentation that confirms how it is being utilized and how it improves functioning. Under these circumstances, the Norco 10/325mg, 1 PO QID #120 is not supported by Guidelines and is not medically necessary.

**Flexeril 10mg 1 PO BID, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that Flexeril should not be utilized on a chronic daily basis beyond 3 weeks. If it is beneficial, short term use for distinct flare-ups is Guideline supported, but that is not how it is being prescribed and recommended. There are no unusual circumstances to justify an exception to Guidelines. The Flexeril 10mg 1 PO BID, #60 with 2 refills is not supported by Guidelines and is not medically necessary.