

Case Number:	CM15-0168953		
Date Assigned:	09/09/2015	Date of Injury:	12/01/2009
Decision Date:	10/08/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 33 year old female, who sustained an industrial injury on 12-01-2009. She has reported injury to the neck and right shoulder. The diagnoses have included chronic pain syndrome; discogenic cervical condition with MRI showing disc disease at C3-C4 and C5-C6; rotator cuff involvement with mild impingement on the right side; rotator cuff syndrome on the left; depressive disorder; and anxiety disorder. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, injections, physical therapy and home exercise program. Medications have included Norco, Norflex, Motrin, Naproxen, Tramadol, Lidoderm Patch, Effexor, Lunesta, and Protonix. A progress note from the treating physician, dated 07-31-2015, documented a follow-up visit with the injured worker. The injured worker reported right shoulder and neck pain; the pain is described as constant; she is doing chores around the house; she cannot lift even a gallon of milk with her right shoulder; she avoids forceful activities and overhead work; she is having more pain than usual; and she is working full-time. Objective findings included a grade 4+ strength to resisted abduction is noted; motion of the shoulder is 90 degrees with elevation and abduction; and internal rotation is 50 degrees and external rotation is 90 degrees. The treatment plan has included the request for Tramadol ER 150mg #30; Norco 10-325mg #100; and Norflex 100mg #60. The original utilization review, dated 08-10-2015, non-certified the request for Norflex 100mg #60; and partially approved a request for Tramadol ER 150mg #11 (original request for #30) to continue the weaning process; and partially approved a request for Norco 10-325mg #51 (original request for #100) to continue the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Overturned

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): Opioids, criteria for use.

Decision rationale: MTUS Guidelines specifically state that continued work activities and/or the resumption of work is the best indicator of the successful use of opioid medications. There is clear documentation of continued full duties activities and there is no evidence of drug related aberrant behaviors. Under these circumstances, the Tramadol ER 150mg #30 is supported by Guidelines and is medically necessary.

Norco 10/325mg #100: Overturned

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): Opioids, criteria for use.

Decision rationale: MTUS Guidelines specifically state that continued work activities and/or the resumption of work is the best indicator of the successful use of opioid medications. There is clear documentation of resumption/continued full duties activities and there is no evidence of drug related aberrant behaviors. Under these circumstances, the Norco 10/325mg #100 is supported by Guidelines and is medically necessary.

Norflex 100mg #60: 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 long term frequent use of muscle relaxants are not supported for chronic conditions. There are no unusual circumstances that justify an exception to Guideline recommendations. The Norflex 100mg. #60 is not supported by MTUS Guidelines. The Norflex is not medically necessary.