

<b>Case Number:</b>	CM15-0169254		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Emergency 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:

This injured worker is a 60 year old female, who sustained an industrial injury on 09-26-2012. The injured worker was diagnosed as having status post left shoulder repair 12-02-2014 with persistent pain, bilateral shoulder pain, bilateral lateral epicondylitis and chronic pain syndrome. On medical records dated 01-28-2015 and 07-14-2015, the subjective findings noted upper extremity pain. Pain is rated as 8 out of 10 without medication and 6-7 out of 10 with pain medication. Physical findings were noted as a limited exam of shoulders, right shoulder revealed pain with range of motion and limited. Tenderness of left shoulder status post left shoulder repair. Strength was noted as intact and diminished due to pain. Tenderness was revealed in bilateral epicondylar area with increased pain with flexion and extension of the elbows and bilateral trapezius area. The injured worker underwent physical therapy and laboratory studies. Treatments to date included medication. The injured worker was noted to be in Norco since at least 12-16-2014. Current medication included Norco, Tramadol, Cymbalta and Cyclobenzaprine. The Utilization Review (UR) dated 08-04-2015, was noted to have a Request for Authorization dated 07-27-2015. The UR submitted for this medical review indicated that the request for Norco 10-325mg #180, Tramadol 150mg #60 and Flexeril 7.5mg #60 were all non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #180 (prescribed 07/14/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version).

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

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has been on opioids chronically. There is no documentation of any benefit from continued opioid therapy. There is no significant improvement in pain and function continues to be compromise with no documentation of objective improvement in functional status. While recent urine drug screen is appropriate, patient has had multiple inappropriate UDS with missing hydrocodone. Documentation does not meet guidelines for continuation of opioid therapy. Norco is not medically necessary.

**Tramadol 150mg, #60 (prescribed 07/14/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG: Pain Chapter (Online Version).

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

**Decision rationale:** Tramadol is a direct Mu-agonist, an opioid-like medication. Patient has chronically been on an opioid pain medication, more specifically Norco but has also been on tramadol in the past. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has been on opioids chronically. There is no documentation of any benefit from continued opioid therapy. There is no significant improvement in pain and function continues to be compromise with no documentation of objective improvement in functional status. While recent urine drug screen is appropriate, patient has had multiple inappropriate UDS with missing hydrocodone. Documentation does not meet guidelines for continuation of opioid therapy. Tramadol is not medically necessary.

**Flexeril 7.5mg, #60 (prescribed 07/14/2015): 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at chronically with no documentation of improvement. The number of tablets is not consistent with short-term use. Cyclobenzaprine is not medically necessary.