

Case Number:	CM15-0169391		
Date Assigned:	09/10/2015	Date of Injury:	08/24/2012
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 37 year old male with a date of injury on 8-24-2012. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder derangement and history of extensive right shoulder trauma. Medical records (5-29-2015 to 8-5-2015) indicate ongoing right shoulder pain rated at four to seven out of ten with medications and six to ten out of ten without medications. Pain levels were increased at the 8-5-2015 visit. The pain was accompanied by numbness and tingling. Records also indicate ongoing activities of daily living limitations due to pain. The injured worker reported that the use of a transcutaneous electrical nerve stimulation (TENS) unit and opioid pain medication was helpful. He reported 30 percent improvement from this therapy. Per the treating physician (8-5-2015), the employee was not currently working. The physical exam (5-29-2015 to 8-5-2015) reveals tenderness to palpation at the right trapezius muscle. There was tenderness to palpation at the right shoulder. The range of motion of the right shoulder was decreased due to pain. Treatment has included right shoulder surgery, magnetic resonance imaging (MRI), transcutaneous electrical nerve stimulation (TENS), and pain medications (Norco since at least 2-10-2015). The injured worker has been prescribed Cyclobenzaprine since at least May 2015. The original Utilization Review (UR) (8-17-2015) non-certified a request for Cyclobenzaprine. Utilization Review modified a request for Norco 10-325mg #90 to Norco 10-325mg #68. Utilization Review certified a request for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. As such, the request for Norco 10/325mg #90 is medically necessary.

Cyclobenzaprine 10mg #30: 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), Medications for chronic pain.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief". "The medication is not recommended to be used for longer than 2-3 weeks". The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain

and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended". Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Cyclobenzaprine 10mg #30 is not medically necessary.