

Case Number:	CM15-0183431		
Date Assigned:	09/24/2015	Date of Injury:	11/30/2010
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 30, 2010. In a utilization review report dated September 10, 2015, the claims administrator failed to approve a request for cyclobenzaprine and Norco. The claims administrator referenced a September 2, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder surgery. The applicant had apparently undergone right shoulder surgery and was pending left shoulder surgery, it was reported. Permanent work restrictions were renewed. The applicant's medication list included Flexeril, Motrin, and Norco. The applicant had failed physical therapy, it was reported in one section of the note. The attending provider stated that the applicant would continue Motrin, Flexeril, and Norco. The applicant reported intermittent stomach upset with Motrin, it was reported. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. Little seeming discussion of medication efficacy transpired. On September 24, 2015, the applicant again reported bilateral shoulder pain complaints, left greater than right. The applicant had undergone earlier right shoulder surgery and was considering left shoulder surgery. The applicant was using Norco on an as needed basis. The attending provider stated that the applicant's pain scores were reduced by 60% and that various activities of daily living, including driving, were improved as a result of ongoing medication consumption. This was neither elaborated nor expounded upon, however. Once

again, it was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg QTY 180.00: 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: No, the request for cyclobenzaprine (Flexeril) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was in fact using a variety of other agents, including Norco and Motrin. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 180-tablet supply of cyclobenzaprine at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 7.5 mg/325 mg: 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): Opioids, criteria for use.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, including on office visits of August 27, 2015 and September 24, 2015. It does not appear, however, the applicant was working with said limitations in place. The August 27, 2015 office visit failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any), effected as a result of ongoing medication consumption. While the September 24, 2015 office visit did state that the applicant reported 60% reduction in pain scores with ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to clearly report the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as

a result of ongoing Norco usage. The attending provider's commentary on September 24, 2015 to the effect that the applicant's ability to drive in unspecified amounts was ameliorated as a result of ongoing medication consumption did not constitute evidence of a substantive benefit achieved as a result of the same and was, as noted previously, outweighed by the attending provider's failure to clearly report the applicant's work status. Therefore, the request was not medically necessary.