

<b>Case Number:</b>	CM15-0197155		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 41 year old male, who sustained an industrial injury on 12-30-2013. The injured worker was diagnosed as having right shoulder impingement with rotator cuff tendinitis, bicipital tendinitis and possible labral tear status post two injections and due to chronic pain the patient has issue with sleep, cervical sprain with radicular component on the right arm and discogenic lumbar condition with radicular component along the lower extremities. On medical records dated 09-15-2015, the subjective complaints were noted as right should and low back pain. No pain scale was noted. Objective findings were noted as tenderness along her rotator cuff and biceps tendons, positive impingement sign, positive Speeds test and Obrien test. Treatment to date included neck traction kit, neck pillow, hot and cold wrap, TENS unit, cortisone injections, therapy and medication. Current medications were listed as Flexeril (since at least 04-2015) and Norco (since at least 04-2015). The Utilization Review (UR) was dated 09-29-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Flexeril 10mg #60 and Norco #120 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

**Decision rationale:** The claimant is a 41 year-old male with date of injury of 12/30/2013 who has multiple chronic musculoskeletal complaints. The request is for ongoing use of Norco, an opioid analgesic indicated for short-term use in patients with moderate to severe pain. In this case, there is no indication in the medical records submitted of any clinically significant benefit due to the prior use of Norco. Weaning from the Norco has been recommended with 2 previous requests. Therefore the patient has had ample time to be weaned from this opioid. Continued use of Norco is not recommended and the request is not medically necessary or appropriate.

**Flexeril 10mg #60:** Upheld

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

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

**Decision rationale:** The request is for ongoing use of Flexeril, a muscle relaxant. Flexeril has its greatest effect in the first 3-4 days of use. It is not recommended for use beyond 2-3 weeks. It may be appropriately used for flares of muscle spasm. In this case, the claimant has been taking Flexeril continuously for approximately 1 year without any indication of significant improvement in pain relief or function. There is also no recent indication of a flare of muscle spasm. Therefore the request is not medically necessary or appropriate.