

Case Number:	CM15-0197675		
Date Assigned:	10/14/2015	Date of Injury:	05/06/2009
Decision Date:	11/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old female, with a reported date of injury of 05-06-2009. The diagnoses include right shoulder sprain, right lateral epicondylitis, right wrist sprain, right carpal tunnel syndrome, lumbar sprain, and gastritis. Treatments and evaluation to date have included Norco (since at least 02-2015), Flexeril (since at least 02-2015), Biofreeze gel (since at least 07-2015), and Prilosec. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 07-29-2015 indicates that the injured worker continued to have pain in the lumbar spine. The pain was intense with standing, sitting, or lying down for an excessive amount of time. The pain radiated down the right leg. The injured worker also had pain in the right shoulder going down to the right elbow, right forearm, and right wrist. He rated the right extremity pain (07-29-2015) 7-8 out of 10 and 8-9 out of 10 on 05-20-2015. The injured worker felt that the Norco has helped to reduce the pain a bit more even going down to about 4-5 out of 10. The injured worker stated that the pain did not completely go away. The objective findings (05-20-2015 to 07-29-2015) include tenderness at the acromioclavicular joint and subacromial space on the right; right shoulder range of motion to 120 degrees, but after that restricted with pain; positive right Neer's and Hawkins's; tenderness of the right wrist; unrestricted and painless range of motion of the right wrist in all planes; positive Tinel sign on the right; evidence of carpal tunnel syndrome; a normal gait pattern; slight pain with heel and toe walking; stiffness and tenderness to palpation at L4-5 and L5-S1; normal lumbar lateral flexion and rotation and extension; positive straight leg raise bilaterally; intact sensation to light touch and pinprick in all dermatomes in the bilateral lower extremities. The treatment plan included the refill of Norco, one three times a day for severe pain, Flexeril, one at bedtime for muscle relaxation, and Biofreeze gel for local application. The injured worker is totally temporary

disabled until 09-02-2015. The treating physician requested Norco 10-325mg #60, Flexeril 7.5mg #30, and Biofreeze gel #120 grams. On 09-16-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #60, Flexeril 7.5mg #30, and Biofreeze gel #120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, Opioids: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/29/15. Therefore, the request is not medically necessary.

Flexeril 7.5mg quantity 30: 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): Cyclobenzaprine (Flexeril).

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." In this particular case, the patient has no evidence in the records of 7/29/15 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. The request is not medically necessary.