

Case Number:	CM15-0197777		
Date Assigned:	10/13/2015	Date of Injury:	01/12/2010
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 35-year-old male, with a reported date of injury of 01-12-2010. The diagnoses include cervical and lumbar myofascial intervertebral disc disease, cervical sprain and strain, cervical radiculitis, right shoulder internal derangement, right shoulder sprain and strain, and lumbar radiculitis. Treatments and evaluation to date have included Flexeril (since at least 04-2015), Naproxen, Norco (since at least 04-2015), Baclofen, and Gabapentin. The diagnostic studies to date have included an MRI of the right shoulder on 08-17-2015 which showed an abnormal distal supraspinatus tendon on the bursal side and trace fluid adjacent to this and in the subacromial-subdeltoid bursa. The progress report dated 09-04-2015 indicates that the injured worker was there for a follow-up and refill on medications. The injured worker's pain level was rated 5 out of 10 with medications and 8-9 out of 10 without medications. The progress report dated 08-04-2015 indicates that the injured worker rated his pain 8 out of 10 without medications and 3-4 out of 10 with medications. He stated that his back pain was much better due to taking Cyclobenzaprine. It was noted that a recent MRI (site not indicated) showed some possible tendinopathy with no obvious tear. The objective findings include guarded range of motion of the right shoulder, inability to perform the Apley's scratch test; and full rotation of the neck bilaterally, with pain at the end points. The treatment plan included a prescription for Flexeril, one three times a day and Norco, one three times a day. The injured worker's work status was total temporary disability (08-04-2015 to 09-04-2015) and he was instructed to remain off work from 09-04-2015 to 10-01-2015. The request for authorization was dated 09-04-2015. The treating physician requested Flexeril 10mg #90 and Norco 10-325mg #90. On 09-17-2015, Utilization Review (UR) non-certified the request for Flexeril 10mg #90 and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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

Decision rationale: This 35 year old male has complained of low back pain, neck pain and right shoulder pain since date of injury 1/12/2010. He has been treated with physical therapy and medications to include opioids since at least 05/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: This 35 year old male has complained of low back pain, neck pain and right shoulder pain since date of injury 1/12/2010. He has been treated with physical therapy and medications to include Flexeril since at least 05/2015. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.