

Case Number:	CM15-0202211		
Date Assigned:	10/19/2015	Date of Injury:	08/16/2002
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/14/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 73 year old male who sustained an industrial injury on 8-16-2002. A review of the medical records indicates that the injured worker is undergoing treatment for impingent syndrome of bilateral shoulders, status post arthroscopy and decompression on both sides. According to the progress report dated 9-30-2015, the injured worker complained of shoulder pain. He reported popping and pain, especially on the right side. It was noted that the injured worker was approved for right shoulder surgery. Per the treating physician (9-30-2015), the injured worker was not currently working. Objective findings (9-30-2015) revealed tenderness along the rotator cuff with findings of impingement and weakness to resisted function. Treatment has included physical therapy, injection and medications. The injured worker has been prescribed Cyclobenzaprine since at least 3-2015, Norflex (since at least 6- 2015) and Norco (prescribed 9-30-2015). The request for authorization dated 9-30-2015 included Celebrex, Aciphex, Flexeril, Norflex, Tramadol and Lunesta. The original Utilization Review (UR) (10-9-2015) denied requests for Flexeril, Norflex and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 MG #60: Upheld

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

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

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short-term therapy. According to the clinical documentation provided and current MTUS guidelines, Flexeril is not medically necessary for the patient at this time.

Norflex ER 100 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short-term therapy. According to the clinical documentation provided and current MTUS guidelines, Norflex is not medically necessary for the patient at this time.

Norco #90: 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.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines, Norco, as written above, is not medically necessary for the patient at this time.