

Case Number:	CM15-0203634		
Date Assigned:	10/20/2015	Date of Injury:	07/26/2010
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 50 year old female, who sustained an industrial injury on 7-26-10. The injured worker was diagnosed as having left shoulder sprain; left shoulder arthrofibrosis; left-sided cervical strain; wrist tendonitis improved; insomnia has improved. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 8-28-15 indicated the injured worker complains of left shoulder pain and left-sided neck pain and decreasing frequency in the left elbow and wrist. The provider notes the "pain is rated to be 6-7 out of 10". She reports the medication helps and keeps her functional. Without medication, she reports she would not be functional. There are no examples noted for activities or functional improvement or limitations. The provider notes "Range of motion of cervical spine remains normal. There is tenderness over the left trapezius region. Left shoulder range of motion seems to be as normal muscle atrophy. There is minor tenderness in the subacromial space. Range of motion is unchanged. Neurologically, remains to be intact." The treatment plan included a refill request for Flexeril; Celebrex and Norco. These same medications were prescribed with the same to similar pain levels and physical examination on 6-29-15 and 7-30-15. It is noted that on 6-29-15 the provider notes Norco was cut back to #24. A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 9-10-15 and non-certification for Flexeril 10mg #28 with 2 refills; Celebrex 200mg #45 and Norco 5/325mg #24. A request for authorization has been received for Flexeril 10mg #28 with 2 refills; Celebrex 200mg #45 and Norco 10-325mg #24

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #28 with 2 refills: 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): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #28 with two refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are left shoulder pain; left shoulder arthrofibrosis; left sided cervical strain; wrist tendinitis improved; and insomnia improved. Date of injury is July 26, 2010. Request for authorization is September 2, 2015. According to the earliest progress note in the 31 page medical record dated April 2, 2015, subjective complaints include neck, left shoulder and left elbow pain. Medications keep her functional. There is no pain score. The injured worker would like to continue all medications. According to an August 28, 2015 progress note, subjective complaints of left shoulder and neck pain 7/10. Objectively, the cervical spine is normal. There is left trapezius tenderness. There is minor tenderness in the subacromial space. There is no documentation of muscle spasm at the lumbar spine. At a minimum, Flexeril was continued in excess of four months. The guidelines recommend short-term (less than two weeks). There is no documentation indicating acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, treatment continued in excess of four months (in excess of the recommended guidelines for short-term use), and no documentation of acute low back pain or an acute exacerbation of chronic low back pain, Flexeril 10mg #28 with two refills is not medically necessary.

Celebrex 200mg #45: 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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #45 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX two non-steroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are left shoulder pain; left shoulder arthrofibrosis; left sided cervical strain; wrist tendinitis improved; and insomnia improved. Date of injury is July 26, 2010. Request for authorization is September 2, 2015. According to the earliest progress note in the 31 page medical record dated April 2, 2015, subjective complaints include neck, left shoulder and left elbow pain. Medications keep her functional. There is no pain score. The injured worker would like to continue all medications. According to an August 28, 2015 progress note, subjective complaints of left shoulder and neck pain 7/10. Objectively, the cervical spine is normal. There is left trapezius tenderness. There is minor tenderness in the subacromial space. There is no documentation of muscle spasm at the lumbar spine. There is no documentation of failed first-line, nonselective non-steroidal anti-inflammatory drug use. Celebrex is indicated for short-term use at the lowest dose. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line, nonselective non-steroidal anti-inflammatory drugs (i.e. Motrin, Naprosyn), and no documentation demonstrating objective functional improvement, Celebrex 200 mg #45 is not medically necessary.

Norco 5/325mg #24: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg # 24 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left shoulder pain; left shoulder arthrofibrosis; left sided cervical strain; wrist tendinitis improved; and insomnia improved. Date of injury is July 26, 2010. Request for authorization is September 2, 2015. According to the earliest progress note in the 31 page medical record dated April 2, 2015,

subjective complaints include neck, left shoulder and left elbow pain. Medications keep her functional. There is no pain score. The injured worker would like to continue all medications. According to an August 28, 2015 progress note, subjective complaints of left shoulder and neck pain 7/10. Objectively, the cervical spine is normal. There is left trapezius tenderness. There is minor tenderness in the subacromial space. There is no documentation of muscle spasm at the lumbar spine. There are no detailed pain assessments or risk assessments. There is no documentation demonstrating objective functional improvement to support ongoing Norco. There is no documentation indicating an attempt to wean Norco. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation demonstrating objective functional improvement, Norco 5/325mg # 24 is not medically necessary.