

Case Number:	CM15-0023662		
Date Assigned:	02/13/2015	Date of Injury:	01/04/2014
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old female who reported an injury on 01/04/2014. The mechanism of injury was unspecified. Her diagnoses include cervical sprain/strain, shoulder contusion, and shoulder impingement. Her past treatments were noted to include medications. On 02/12/2015, the injured worker presented with complaints of chronic pain at multiple body points, including the cervical spine and left shoulder. A physical examination revealed spasms and tenderness observed in the paravertebral muscles of the cervical spine and decreased range of motion on flexion and extension. The treatment plan included a request for Norco, Prilosec, Relafen, and Norflex. A rationale was not provided. A Request for Authorization form was submitted on 02/18/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325MG #60 with 5 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Norco 5/325 mg #60 with 5 refills is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to have used Norco previously. However, there was lack of documentation in regard to objective functional improvement, and objective decrease in pain, and evidence of monitoring for side effects and aberrant drug related behaviors. In addition, there was lack of a current urine drug screen for review. Furthermore, the request for refills would not be supported as it does not allow for reassessment prior to additional prescriptions. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Norflex 100MG #90 with 5 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Muscle Relaxant, California Chronic pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Norflex 100 mg #90 with 5 refills is not medically necessary. According to the California MTUS Guidelines, muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker was indicated to have been on Norflex previously. However, there was a lack of documentation to indicate an acute exacerbation of chronic low back pain. Furthermore, the guidelines do not support the use of Norflex due to diminished efficacy over time and the indication that it leads to dependence. In addition, the request for refills would not be supported as it does not allow for reassessment prior to prescribing additional medications. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.