

Case Number:	CM15-0212408		
Date Assigned:	11/02/2015	Date of Injury:	06/18/2007
Decision Date:	12/14/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/28/2015

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 58 year old female who sustained an industrial injury on June 18, 2007. The worker has been previously deemed as permanent and stationary. The worker is being treated for: shoulder pain; status post right shoulder surgery February 26, 2015. Subjective: May 20, 2015 she reported complaint of bilateral shoulder pain with intensity rating of "4" out of ten while using medication and increases to an "8" without medication. Her quality of sleep is described as poor. Her activity level noted unchanged. She asked if additional physical therapy session to the shoulders as she is with "a lot of pain in her neck and bilateral shoulders." June 15, 2015, August 24, 2015 she reported complaint of neck pain and lower backache, pain rating "5" with use of medications and an "8" without medications; quality of sleep note fair. Objective: May 20, 2015 noted the right shoulder with restricted movements in flexion to 160 degrees, abduction to 120 degrees, internal rotation behind body to 30 degrees and external rotation to 75 degrees. Hawkins's, Neer's and drop arm tests are noted positive. On palpation there was tenderness noted in acromioclavicular joint and subdeltoid bursa. The left shoulder is found WNL. Diagnostic: 2007 MRI lumbar spine 2010: MRI right shoulder 2011: MRI lumbar spine, radiography lumbar spine. A CURES report dated March 18, 2015 noted Tylenol #3 detected of which this prescriber did not provide and noted discussion "not to receive pain medication from any other providers." Medication: May 20, 2015, June 15, 2015, August 24, 2015, and October 21, 2015: Trazodone, Zoloft, Flexeril, Gabapentin, Imitrex, Norco and Omeprazole and note of: "we will begin tapering of Norco from 4 daily to 3 daily, until we are back at her baseline of BID." Treatment: May 20, 2015 pending psychological care, request for 12 sessions (additional)

physical therapy for shoulders. October 21, 2015 noted request for TFESI right lumbar. On October 21, 2015 a request was made for Trazodone 100mg #30 with 5 refills, Norco 10mg #60, 325mg, and Flexeril 10mg #90 with 5 refills which were all noncertified by Utilization Review on October 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg tablet, take 1 at bedtime x 30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: This 58 year old female has complained of shoulder pain and low back pain since date of injury 6/18/2007. She has been treated with surgery, physical therapy and medications to include opioids into include Trazodone since at least 05/2015. The current request is for Trazodone. There is inadequate documentation in the available medical records regarding the use and efficacy of Trazodone in this patient. Trazodone is approved for the treatment of depression. There is inadequate documentation of any subjective or objective findings of anxiety or depression in this patient. On the basis of this lack of medical documentation Trazodone is not medically necessary in this patient.

Norco 10/325mg, take 1 twice daily as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: This 58 year old female has complained of shoulder pain and low back pain since date of injury 6/18/2007. She has been treated with surgery, physical therapy and medications to include opioids since at least 03/2015. 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 medically necessary.

Flexeril 10mg tablet, take 1 three times a day as needed, #90 with 5 refills: 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: This 58 year old female has complained of shoulder pain and low back pain since date of injury 6/18/2007. She has been treated with surgery, physical therapy and medications to include Flexeril (Cyclobenzaprine) since at least 05/2015. The current request is for Flexeril. Per the MTUS guidelines cited above, 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. On the basis of the available medical records and per the MTUS guidelines cited above, Cyclobenzaprine is not medically necessary for this patient.