

Case Number:	CM15-0214550		
Date Assigned:	11/04/2015	Date of Injury:	03/11/2008
Decision Date:	12/16/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/01/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 3-11-2008. Medical records indicate the worker is undergoing treatment for bilateral rotator cuff tenderness and degeneration with surgery on the right shoulder but not the left shoulder. A recent progress report dated 9-29-2015, reported the injured worker complained of bilateral shoulder pain, left greater than right. Pain was not quantified on this visit and the physician documents the injured worker had functional improvements, but they were not delineated. Physical examination revealed tenderness in the cervical paraspinal muscles, upper trapezius, levator scapular and periscapular regions and bicipital, subacromial and acromioclavicular joint tenderness. Treatment to date has included physical therapy, Norco (since at least 3-16-2015) and Norflex (since at least 3-16-2015). On 10-1-2015, the Request for Authorization requested Norco 10-325mg #100 and Norflex 100mg #60 with 5 refills. On 10-9-2015, the Utilization Review noncertified the request for Norco 10-325mg #100 and Norflex 100mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was a claim by the provider of pain reduction and functional gain related to the Norco use. However, upon review of the notes provided, there was insufficient evidence to support this as physical findings were similar and no specific comparison was made of baseline activities and abilities with Norco to without, which is required in order to justify continuation of this medication long-term. Therefore, this request for Norco is not medically necessary at this time until this evidence is provided for review.

Norflex 100mg #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 Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no recent note, which suggested an acute flare-up of muscle spasm beyond the chronic symptoms usually reported. Also, use of this medication in the duration it has so far as well as the length of time this request was intended for (#60 pills with 5 refills) would be far beyond any recommended duration for this drug class. Therefore, this request for Norflex is not medically necessary.