

Case Number:	CM15-0223327		
Date Assigned:	11/19/2015	Date of Injury:	01/12/2010
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

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 30-year-old male who sustained an industrial injury on 1-12-10. The injured worker reported cervical and right shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for cervical pain and radiculitis, right shoulder sprain and internal derangement and lumbar radiculitis. Medical records dated 10-29-15 indicate pain rated at 5 out of 10 with medication use and 8 out of 10 without medication use. Provider documentation dated 10-29-15 noted the work status as temporary totally disabled; remain off work until 10-29-15 to 11-24-15. Treatment has included right shoulder magnetic resonance imaging (8-17-15), Naproxen since at least May of 2015, Flexeril since at least May of 2015, Norco since at least May of 2015, Gabapentin since at least May of 2015, and Baclofen since at least July of 2015. Objective findings dated 10-29-15 were notable for "extra spinal restrictions subluxations: right shoulder, cervical and lumbar spine. Moderate muscle spasms in the following area; posterior cervical (neck), left side of neck, upper thoracic, right posterior trapezius, right mid thoracic, lumbar, left lumbar, right lumbar and right side of neck." Provider documentation dated 10-29-15 noted "With the use of medication he is able to have relief and he's able to sleep at night." The original utilization review (10-29-15) denied a request for Norco 10-325mg #90, Flexeril 10mg #90 and Referral to an orthopedist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, Criteria for use.

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

Decision rationale: The claimant sustained a work injury in January 2010 as the result of a motor vehicle accident. He continues to be treated for right shoulder and neck and low back pain with radiculitis. In July 2015 medications included baclofen. In August 2015, baclofen was not relieving his symptoms and he wanted to go back on Flexeril (cyclobenzaprine). An MRI of the shoulder in August 2015 showed findings of distal supraspinatus tendon abnormality interpreted as tendinopathy or less likely as a partial tendon tear. In September 2015, his back pain was much better due to the cyclobenzaprine. The recent MRI results were reviewed. Authorization was requested for six sessions of chiropractic/physical rehabilitation to include massage therapy. There was consideration of a referral for pain management. In October 2015, authorization was requested for a referral for an orthopedist. Correspondence references the referral for right shoulder instability and tendinopathy not responsive to oral medications and therapy. Urine drug screening was performed and showed inconsistent results with non-detection of cyclobenzaprine and the presence of THC. When seen by the requesting provider, medications were decreasing pain from 8/10 to 5/10. Physical examination findings included a normal body mass index. There were multiple spinal and extra spinal restrictions/subluxations. There were trapezius and multilevel spinal muscle spasms that were moderate. Authorization was requested for continued prescribing of Flexeril, naproxen, gabapentin, and Norco. Temporary total disability was continued. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Medications are consistently providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Recent urine drug screening results showed THC. Many physicians will allow one slip from a medication contract without immediate termination of opioids/controlled substances, with the consequences being a re-discussion of the clinic policy on controlled substances, including the consequences of repeat violations. Reviewing the urine drug screening results from October 2015 would be expected at follow-up. Continued prescribing is considered medically necessary.

Flexeril 10mg #90: 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), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in January 2010 as the result of a motor vehicle accident. He continues to be treated for right shoulder and neck and low back pain with radiculitis. In July 2015 medications included baclofen. In August 2015, baclofen was not relieving his symptoms and he wanted to go back on Flexeril (cyclobenzaprine). An MRI of the shoulder in August 2015 showed findings of distal supraspinatus tendon abnormality interpreted

as tendinopathy or less likely as a partial tendon tear. In September 2015, his back pain was much better due to the cyclobenzaprine. The recent MRI results were reviewed. Authorization was requested for six sessions of chiropractic/physical rehabilitation to include massage therapy. There was consideration of a referral for pain management. In October 2015, authorization was requested for a referral for an orthopedist. Correspondence references the referral for right shoulder instability and tendinopathy not responsive to oral medications and therapy. Urine drug screening was performed and showed inconsistent results with non-detection of cyclobenzaprine and the presence of THC. When seen by the requesting provider, medications were decreasing pain from 8/10 to 5/10. Physical examination findings included a normal body mass index. There were multiple spinal and extra spinal restrictions/subluxations. There were trapezius and multilevel spinal muscle spasms that were moderate. Authorization was requested for continued prescribing of Flexeril, naproxen, gabapentin, and Norco. Temporary total disability was continued. Flexeril is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.

Referral to an orthopedist: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in January 2010 as the result of a motor vehicle accident. He continues to be treated for right shoulder and neck and low back pain with radiculitis. In July 2015 medications included baclofen. In August 2015, baclofen was not relieving his symptoms and he wanted to go back on Flexeril (cyclobenzaprine). An MRI of the shoulder in August 2015 showed findings of distal supraspinatus tendon abnormality interpreted as tendinopathy or less likely as a partial tendon tear. In September 2015, his back pain was much better due to the cyclobenzaprine. The recent MRI results were reviewed. Authorization was requested for six sessions of chiropractic/physical rehabilitation to include massage therapy. There was consideration of a referral for pain management. In October 2015, authorization was requested for a referral for an orthopedist. Correspondence references the referral for right shoulder instability and tendinopathy not responsive to oral medications and therapy. Urine drug screening was performed and showed inconsistent results with non-detection of cyclobenzaprine and the presence of THC. When seen by the requesting provider, medications were decreasing pain from 8/10 to 5/10. Physical examination findings included a normal body mass index. There were multiple spinal and extra spinal restrictions/subluxations. There were trapezius and multilevel spinal muscle spasms that were moderate. Authorization was requested for continued prescribing of Flexeril, naproxen, gabapentin, and Norco. Temporary total disability was continued. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has findings of chronic right shoulder pain with imaging

showing tendinopathy and a possible tear. Although surgery does not appear to be indicated, a more detailed shoulder examination and consideration of a subacromial injection and guidance in terms of physical therapy treatments would be the expected result of an orthopedic evaluation. The claimant continues at temporary total disability. Requesting a referral to an orthopedist is appropriate and medically necessary.