

Case Number:	CM15-0040975		
Date Assigned:	03/11/2015	Date of Injury:	03/28/2002
Decision Date:	04/23/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old male, who sustained an industrial injury on March 28, 2002. He reported neck pain, bilateral shoulder pain and bilateral leg pain. The injured worker was diagnosed as having degenerative disc disease, cervical spine radiculopathy, neuritis of the shoulder, shoulder impingement syndrome, mood disorder and insomnia. Treatment to date has included radiographic imaging, diagnostic studies, electrodiagnostic studies, surgical intervention of the left shoulder, conservative therapies including physical therapy, medications and work restrictions. Currently, the injured worker complains of neck pain, bilateral shoulder pain and bilateral leg pain. The injured worker reported an industrial injury in 2002, resulting in the above noted chronic pain. He has been treated conservatively and surgically in October, 2014 without resolution of the pain. A physical therapy re-evaluation on December 4, 2014, revealed increased range of motion in the shoulder however, the pain persisted. Evaluation on February 3, 2015, revealed continued pain. He reported requiring pan medications to maintain function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #130, 1 tablet QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids and Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with bilateral neck pain as well as bilateral shoulder pain. The patient is status post partial acromionectomy of the left shoulder on 10/24/14. The Request for Authorization is not provided in the medical file. The current request is for NORCO 10/325MG #130 1 TABLETS QID. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. According to progress reports, the patient is happy with his current medication plan and states that his pain is reduced 40-45% with medications. He reports no side effects and states that without medications he "would be unable to do daily activities." Urine toxicology was done on 06/20/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Flexeril 10mg #30, 1 tablet QHS with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

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

Decision rationale: This patient presents with bilateral neck pain as well as bilateral shoulder pain. The patient is status post partial acromionectomy of the left shoulder on 10/24/14. The Request for Authorization is not provided in the medical file. The current request is for FLEXERIL 10MG #30 1 TABLET QHS WITH 3 REFILLS. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." Progress report dated 02/03/15 states that the patient is taking Norco, but has not been receiving Soma for some time

now. Given that the request is for #30 with 3 refills, recommendation cannot be made. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.