

Case Number:	CM15-0045330		
Date Assigned:	03/17/2015	Date of Injury:	08/28/2009
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, California
 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 41 year old male, who sustained an industrial injury on August 28, 2009. He reported an injury while pulling. The injured worker was diagnosed as having status post left wrist carpal tunnel release and ulnar shortening, left wrist and hand pain and low back pain. Treatment to date has included diagnostic studies, surgery and medication. On December 23, 2014, the injured worker complained of pain rated as an 8-9 on the pain scale without medication and as a 3-4 on the pain scale with medication. The area of pain was not included in the report. With his medication, he is able to function in his activities of daily living. Physical examination revealed tenderness on the lateral greater than medial aspects of the wrist on palpation. The left wrist range of motion was markedly limited in all planes. The treatment plan included a recommendation for diagnostic studies, an orthopedic consultation and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Opioids - On-going Management Page(s): 63-66, 67-68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco in combination with NSAIDs for at least a few months. The exact length of time is not known. In addition, the pain control attributed to Norco vs. NSAID cannot be determined. There is no indication of Tylenol failure. Continued and long-term use of Norco is not medically necessary for wrist pain/carpal tunnel.

Flexeril 10 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Opioids - On-going Management Page(s): 63-66, 67-68, 78.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period along with opioids and NSAIDS. Continued and chronic use of Flexeril is not medically necessary.