

Case Number:	CM15-0089449		
Date Assigned:	05/13/2015	Date of Injury:	05/21/2013
Decision Date:	06/22/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/08/2015

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, Pain Management, Occupational Medicine

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 5/21/2013. The current diagnoses are adhesive capsulitis of shoulder, pain in shoulder joint, status post right rotator cuff repair (1/3/2014), chronic pain syndrome, and brachial neuritis or radiculitis. According to the progress report dated 4/2/2015, the injured worker complains of neck pain, left shoulder pain, and right shoulder pain. The pain is rated 9/10 on a subjective pain scale. The pain is characterized as aching, dull, and sharp. The pain radiates into the bilateral arms and is associated with numbness and tingling. The physical examination of the cervical spine reveals restricted range of motion. There is positive facet loading on both sides. The left/right shoulder exam reveals limited range of motion, secondary to pain. The current medications are Gabapentin, Ibuprofen, Norco, and Robaxin. Urine drug screen on 1/31/2015 was consistent with prescribed medications. Treatment to date has included medication management, ice heat, x-rays, MRI studies, physical therapy, home exercise program, and surgical intervention. The plan of care includes prescriptions for Norco and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS 2009 states that opioids used to treat chronic non-cancer pain should result in functional improvement. MTUS 2009 states that short acting opioids should be used to treat breakthrough pain or exacerbations of chronic pain. The use of Norco in these situations has not resulted in any functional improvement in this case, and the medication is used on a scheduled basis rather than for breakthrough pain. The use of Norco in this situation does not adhere to MTUS 2009 and is not medically necessary.

Robaxin 500mg quantity 100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS 2009 states that muscle relaxants should only be used as a second line option and short-term basis for chronic pain. The current prescription is for 100 tablets to be used within one month. This dose exceeds MTUS 2009 recommendations. There is no explanation provided as to why sustained use of muscle relaxants is necessary in this case, when evidence based guidelines recommend against sustained use. This request for Robaxin is not medically necessary.