

Case Number:	CM15-0244762		
Date Assigned:	12/24/2015	Date of Injury:	09/18/2013
Decision Date:	01/29/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old male, who sustained an industrial injury on 9-18-2013. A review of the medical records indicates that the injured worker is undergoing treatment for persistent cervicalgia and stage III impingement of the left shoulder with bursal-sided attrition of the supraspinatus and status post subacromial decompression and debridement on 7-23-2015. On 10-21-2015, the injured worker reported persistent discomfort in regards to his neck with pain localized to the posterior aspect of the neck with some radiation into the scapular aspect of the shoulder about the medial border of the scapula. The Treating Physician's report dated 10-21-2015, noted the injured worker's shoulder had improved as expected however he continued to have persistent discomfort in his neck. The injured worker was noted to have continued with a pool exercise program which was effective for his shoulder. The injured worker's current medications were noted to include Norco and Robaxin. The physical examination was noted to show the neck with increased tone throughout the cervical paraspinal musculature with Spurling's testing causing increased discomfort in the posterior triangles of the neck as well as along the medial border of the scapula with recurrence of the symptomatology, and mild impingement signs at the left shoulder noted to be improved compared to prior exam. Prior treatments have included left shoulder surgery 7-23-2015, and pool therapy. The treatment plan was noted to include requests for authorization for a MRI of the cervical spine, referral to a spine specialist, eight additional sessions of aquatic therapy for the left shoulder, and medications of Norco and Robaxin. The injured worker's work status was noted to be for continued current duty restrictions. The request for authorization dated 11-6-2015, requested Norco 5-325mg #30 and

Robaxin 750mg #30. The Utilization Review (UR) dated 11-13-2015, denied the requests for Norco 5-325mg #30 and Robaxin 750mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

Decision rationale: Norco 5-325mg #30 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal a urine drug screen, signed pain agreement, or treatment plan for opioids all of which are recommended by the MTUS for opioid treatment. This request for Norco is not medically necessary.

Robaxin 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Robaxin 750mg #30 is not medically necessary per the MTUS Guidelines. The MTUS states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not indicate extenuating circumstances that would necessitate the continued use of Robaxin which is not indicated for long term use therefore this request is not medically necessary.