

Case Number:	CM14-0113487		
Date Assigned:	08/04/2014	Date of Injury:	03/19/2003
Decision Date:	10/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68 year old male who sustained an injury on 03/19/03 as a result of cumulative trauma performing computer work. The injured worker was followed for complaints of constant and severe neck pain radiating to the right shoulder with associated headaches. The injured worker had extensive surgical history for the right shoulder with multiple procedures to date. The injured worker was also treated with prior physical therapy and utilized multiple medications including narcotics muscle relaxers and anticonvulsants. The injured worker was also provided Wellbutrin. As of 06/24/14 the injured worker reported improvement by 50% with medications from 8-4/10 in severity. The injured worker indicated that medications he was functionally improved and was unable to do much of anything without medications. The injured worker indicated he was able to drive perform activities of daily living and exercises as much as could be tolerated. The injured worker had prior consistent urine drug screens with no evidence of drug seeking behavior. Medications at this visit included duragesic 75mcg/hour patch changed every three days Norco 10/325mg up to four tablets per day Flexeril 10mg once a day Lyrica 75mg twice a day and Wellbutrin three times a day. The injured worker was also receiving lorazepam four times a day prescribed through [REDACTED]. At this visit the injured worker was recommended to decrease duragesic to 50mcg/hour. Urine drug screen records were positive for benzodiazepines cyclobenzaprine but negative for hydrocodone and fentanyl. The requested Norco 10/325mg #240 and Flexeril 10mg #60 were denied by review on 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 88-89.

Decision rationale: This reviewer would not have recommended the request for Norco 10/325mg #240 as medically necessary. The clinical documentation submitted for review noted functional improvement and pain relief obtained with Norco as breakthrough pain medication. However clinical documentation submitted for review did not address inconsistent urine drug screen results from 06/14 which were negative for both fentanyl and Norco which were prescribed medications to the injured worker. Given this inconsistent urine drug screen finding this reviewer would not have recommended this request as medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril 10mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.