

Case Number:	CM14-0161384		
Date Assigned:	10/06/2014	Date of Injury:	03/17/2010
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported injury on 03/17/2010. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of joint shoulder pain. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include Flexeril, OxyContin, Norco, and Xanax. On 08/11/2014, the injured worker complained of left shoulder pain. It was noted on physical examination that the injured worker has weakness in the supraspinatus. Her deltoid trophicity looked good. There was no redness, warmth or erythema. External rotation strength was good. Medical treatment plan was for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: California MTUS Guidelines recommend Flexeril as an option for short term course of therapy. The greatest defect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It is documented in the submitted report that the injured worker had been on the medication since at least August of 2014, exceeding the recommended guidelines for short term use. Additionally, the request as submitted is for Flexeril for a quantity of 90, also exceeding recommended guidelines. Furthermore, the submitted report did not indicate that the medication was helping with any functional deficits the injured worker might have had, to warrant continuation of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. The request for Flexeril 5 mg with a quantity of 90 is not medically necessary.

Oxycontin 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin, Ongoing Management Page(s): 75, 86, 78.

Decision rationale: The California MTUS Guidelines recommend OxyContin for moderate to severe chronic pain, and there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. They further recommend that dosing of opioids does not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. An assessment indicating pain levels before, during, and after medication therapy should also be submitted for review. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that OxyContin was helping with any functional deficits the injured worker might have had. Additionally, there were no drug screens submitted for review indicating that the injured worker was complying with medications. Furthermore, there was no mention of any adverse side effects the injured worker might have had. Given the above, the injured worker is not within the MTUS recommended guidelines. The request for OxyContin is not medically necessary.

Norco 10mg/325mg, #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. They further recommend that dosing of opioids not

exceed 120 mg or morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. An assessment indicating pain levels before, during, after medication administration should also be submitted for review. The submitted documentation did not indicate the efficacy of the medication, nor did it mention whether the medication was helping with functional deficits. Additionally, there was no documentation submitted for review indicating that the injured worker was being monitored with urine drug screens. There was also no mention of any adverse side effects the injured worker might be having. Given the above, the injured worker is not within MTUS recommended guidelines. The request for Norco 10/325 is not medically necessary.

Xanax 2mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Xanax, Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use, because long term efficacy is not proven, and there is risk for dependence. Most guidelines limit the use to 4 weeks. The submitted documentation dated May 2014 indicates that the injured worker had been on Xanax since at least this time, exceeding the guideline recommendations for short term therapy. There was also a lack of efficacy the medication documented to support the continued use of the medication. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. The request for Xanax 2 mg with a quantity of 90 is not medically necessary.