MAXIMUS Federal Services

Case Number:	CM14-0162933		
Date Assigned:	10/08/2014	Date of Injury:	09/09/1983
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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 69-year old female with a date of injury on September 9, 1983. She is diagnosed with (a) chronic intractable neck pain secondary to cervical degenerative disc disease status post discectomy, (b) chronic right shoulder pain secondary to biceps tendon tear status post resection in 1986. Progress report dated August 21, 2014 documents that the injured worker presented for evaluation with complaints of neck and right shoulder pain. A physical examination showed marked tenderness over the bilateral upper trapezii and cervical paraspinal muscles as well as on the right anterior shoulder. Cervical range of motion was decreased. She was reevaluated on September 18, 2014. No significant change was noted on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78-80.

Decision rationale: Evidence-based guidelines indicate that opioid therapy can be reasonably continued if the injured worker has returned to work and demonstrated improvement in function

and pain. The available medical records however failed to document objective evidence of improvement in the injured worker's pain and functional status. In the absence of satisfactory response to treatment, continued opioid therapy is therefore not medically necessary. Hence, the medical necessity of the requested Norco 5/325 mg #60 is not established.

Flexeril 10mg (#30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE; MUSCLE RELAXANTS (FOR PAIN) Page(s): 41; 64.

Decision rationale: Based on the available records, the injured worker has been utilizing Flexeril (cyclobenzaprine) since August 2014 without significant and sustained functional benefit. Evidence-based guidelines specify that antispasmodics are recommended for short-term therapy only. The guidelines specifically mention that cyclobenzaprine is not recommended to be used for longer than two to three weeks. For the reason given, the medical necessity of the requested Flexeril 10 mg #30 is not established.