MAXIMUS Federal Services

Case Number:	CM14-0185526		
Date Assigned:	11/13/2014	Date of Injury:	04/01/2002
Decision Date:	12/16/2014	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/07/2014

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 and is licensed to practice in New York. 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 65-year-old female who reported an injury on 04/01/2002. The mechanism of injury was reportedly due to repetitive work duties. Her diagnoses were listed to include unspecified disc disorder of the cervical region, brachial neuritis, and unspecified derangement of the shoulder joint. Past treatments included medications, cortisone injections and surgery. Diagnostic studies included an MRI scan of the right shoulder dated 12/17/2008, which showed partial thickness tear through anterior fibers of the supraspinatus tendon and a tear in the anterior/superior glenoid labrum; an MRI of the left shoulder revealed the same findings. An MRI of the cervical spine dated 12/17/2008 showed multilevel disc protrusion with moderate neural foraminal narrowing effacing the C5 exiting nerve root. Her surgical history was noted to include a right shoulder medial arthroscopy performed on 05/31/2010, and a carpal tunnel release and right thumb fusion. The dates were not specified. On 11/21/2014, the injured worker complained of continuing sharp pain to the left shoulder and neck and left thumb. Physical examination revealed tenderness to palpation, limited range of motion, positive impingements sign of the left shoulder. The treatment plan included physical therapy for the left shoulder, and a cortisone injection. A request was received for Norco 10/325 mg #90 and Flexeril #90. The rationale for the request was not provided. Current medications were not provided. The Request for Authorization form was dated 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The request for Norco 10/325mg #90 is not medically necessary. The California MTUS Guidelines state that ongoing use of opioids should include documentation of pain assessments, functional status, appropriate medication use, and adverse side effects. Pain assessment should include: current pain; the least reported pain; average pain; and intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Clinical documentation shows evidence that the injured worker has been on Norco since at least 06/27/2014. However, there was no documentation of pain assessments, functional status, appropriate medication use, and adverse side effects. In the absence of documentation indicating the ongoing use of opioids, the request is not supported. In addition, the request did not specify frequency of use. Therefore, the request is not medically necessary.

Flexeril #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The request for Flexeril #90 is not medically necessary. The California MTUS Guidelines state that treatment using cyclobenzaprine should be brief, as the effect is greatest in the first 4 days of treatment. Clinical notes indicate that the injured worker complained of continuing left shoulder pain, pain in the neck and left thumb. However, as the guidelines only recommend Flexeril for a short course of therapy, the request for Flexeril with a quantity of 90 is not supported. In addition, the request is not specify dosage or frequency of use. Therefore, the request is not medically necessary.