

Case Number:	CM14-0185629		
Date Assigned:	11/13/2014	Date of Injury:	01/23/2004
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 67-year-old female with a date of injury of 01/23/2004. According to progress report 09/30/2014, the patient presents with chronic back, left shoulder, left wrist, and thumb pain. The patient's surgical history includes back surgery in 1974, left shoulder rotator cuff repair in 2009 and 2002, carpal tunnel release on the left wrist in 2005, and left thumb repair in 2009. The patient's medication regimen includes Norco 10/325, Flexeril 7.5 mg, and Voltaren ER 100 mg was. There was no physical examination reported. Report 08/27/2014 states that the patient has left shoulder pain. Examination revealed well-healed incisions consistent with previous right glenohumeral joint effusion secondary to polio. Left shoulder demonstrated mild anterosuperior escape with active forward flexion to 90 degrees, active abduction to 70 degrees, and negative Hornblower. The listed diagnoses are: 1. Complete rupture of rotator cuff. 2. Unspecified arthropathy, shoulder region. This is a request for Norco 10/325 mg #60 and Flexeril 7.5 mg #60. A Utilization review denied the request on 10/08/2014. Treatment reports from 07/15/2014 through 09/30/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 09/30/14 Norco 10/325mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88 and 89, 78.

Decision rationale: This patient presents with continued left shoulder pain. The current request is for (retro) DOS 9/30/14 Norco 10/325 mg #60. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing this medication since at least 07/50/2014. In this case, further use of this medication cannot be supported as the treater does not provide before and after scale to show analgesia, and no specific ADLs or functional improvements are discussed. No side effects are discussed other than urine drug screens and other aberrant issues are not addressed such as CURES, early refills/lost medications, etc. Given the lack of sufficient documentation for opiate management, the patient should be slowly weaned as outlined in MTUS. The request is not medically necessary.

(Retro) DOS 09/30/14 Flexeril 7.5mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

Decision rationale: This patient presents with chronic left shoulder pain. The current request is for (retro) DOS 9/30/14 Flexeril 7.5 mg #60. The MTUS Guidelines page 63 do not recommend long-term use of muscle relaxants and recommends using it for 3 to 4 days for acute spasm in no more than 2 to 3 weeks. Review of the medical file indicates the patient has been prescribed this medication since at least 07/15/2014. This medication is not intended for long term. The request is not medically necessary.