

Case Number:	CM14-0091962		
Date Assigned:	07/25/2014	Date of Injury:	08/21/2011
Decision Date:	10/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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 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 46 year-old female who sustained work-related injuries on August 21, 2011. She has history of diabetes diagnosed in February 2014 and right knee surgery performed on October 4, 2012. Medical records dated April 11, 2014 document that she made a follow-up visit with regard to her right shoulder and right knee symptoms. She rated her left shoulder pain as 7-8/10 and left knee pain as 4-5/10. Objectively, she was noted to exhibit mild antalgic gait. An upper extremity examination noted limited range of motion. Mild tenderness was noted over the acromioclavicular joint with positive O'Brien test, bursitis and impingement symptoms. Strength was 4/5. Lower extremity examination noted limited range of motion with positive painful patellofemoral crepitus. Strength was 5-/5. X-rays performed on May 7, 2013 showed mild acromioclavicular degenerative joint disease with no evidence of fracture or dislocation. A magnetic resonance imaging (MRI) scan of the left shoulder dated May 15, 2013 showed moderate supraspinatus tendinosis with partial interstitial tear as well as acromioclavicular joint disease. There is teres minor muscle atrophy and fatty infiltration. A superior labrum anterior and posterior (SLAP) lesion was seen extending to and partially tearing and avulsing the biceps anchor. A magnetic resonance imaging (MRI) scan of the right knee dated November 8, 2011 revealed horizontal oblique tear at the posterior horn of the medial meniscus with Grade 2 chondromalacia involving the medial and lateral compartment as well as patellofemoral compartment. The May 13, 2014 records document that she continued to have severe left shoulder pain with limited range of motion. The right knee was not particularly painful. A left shoulder examination noted marked limitation of range of motion with positive impingement signs. A right knee examination noted full range of motion with slight crepitus throughout range of motion with minimal joint line tenderness. She was diagnosed with (a) left shoulder impingement syndrome with chronic rotator cuff interstitial tear with acromioclavicular

degenerative joint disease, (b) superior labrum anterior and posterior (SLAP) lesion, left shoulder, (c) adhesive capsulitis, left shoulder, and (d) right knee internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60 BID DOS 4/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder and knee complaints: Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Part of the criteria for on-going pain management with the use of opioids are the following: (a) documentation of decrease in pain levels, (b) documentation of functional improvement, (c) urine drug screening, (d) documentation of misuse of medications, (e) documentation of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, and (e) continuing review of overall situation with regard to non-opioid means of pain control. A review of this injured worker's records does indicate that pain level was decreased by 2-3 levels and noted functional improvements. However, there was no provided documentation of the utilization of urine drug screening results which will help determine regarding the compliance with oral medication regimen and proves that no illicit medication is being taken as well. Hence, the medical necessity of the requested Norco 10/325 milligrams #60 twice a day (BID) on date of service (DOS) 4/11/14 is not established.

Norflex #90 3 per Day DOS 4/11/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available).

Decision rationale: The documentation provides evidence that the injured worker is suffering from severe spasms documented on April 11, 2014 which consequently causes her sleep difficulties. As Norflex is considered as a muscle relaxant more specifically as an antispasmodic the clinical presentation of this injured worker sufficient meets the indications for the use of muscle relaxants. In addition, this medication has been approved by the utilization review body dated June 11, 2014. Hence, the requested Norflex #90 3 per day is medically necessary.