MAXIMUS Federal Services

Case Number:	CM14-0095787		
Date Assigned:	07/25/2014	Date of Injury:	01/11/2001
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 Texas. 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:

Medical records reflect the claimant is a 60 year old male who sustained a work relatedinjury on 1-11-01. The claimant has been treated with a left subacromial decompression and Mumford procedure to the left shoulder. Recent treatment includes L4-S1 transforaminal epidural steroid injection, which provided no impairment and is also treated with medications. The claimant uses a cane. Follow-up with his treating doctor notes the claimant had an injury to his neck, low back, bilateral shoulders, bilateral arms, bilateral wrists, hips, bilateral legs, bilateral knees and feet. The claimant rated his low back pain as 8/10, shoulder pain as 6.10, wrist pain as 6/10. The claimant reports that medications help alleviate his symptoms. He was attending physical therapy which was helping. He was not working. On exam, the claimant has positive impingement signs, biceps was tender, there was pain t the AC joint. His strength was 4+ in abduction, anterior deltoid strength was 4+. DTR were 2+ at the bilateral upper extremities. The claimant was provided with a prescription for Norco for breakthrough pain, Ultram foranti-inflammatory effect, and Tizanidine. Office visit from 8-5-14 notes the claimant has right shoulder pain with positive impingement symptoms, low back pain with positive SLR. He has tender points on palpation. The claimant was continued on medications to include Omeprazole, Vit D3, Neurontin, Celebrex, and Norco 10/325, stop Savella. The claimant was provided with a diagnosis of Fibromyalgia and LS radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cyclobenzaprine (FlexerilÂ®) & Muscle relaxants (for pain).

Decision rationale: Chronic Medical Treatment Guidelines and ODG recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The long term use of a muscle relaxant is not indicated. Furthermore, it is noted that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is an absence in documentation noting muscle spasms or that this claimant has a flare up of pain. This medication is being prescribed on a chronic basis. Therefore, the ongoing use of Flexeril is not supported.

10 Physical Therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that as for physical therapy, one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There is an absence in documentation noting that this claimant cannot perform a home exercise program or that this claimant has extenuating circumstances to support physical therapy at this juncture, so far removed from the compensable injury. Therefore, the medical necessity of this request is not established.

Norco 10/325mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - opioids.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory

response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The claimant reports that the medications provide help his pain. However, his pain levels remain high and without significant variation. There is an absence in documentation noting monitoring as required to include how long the relief lasts, how long does it take for him to have pain relief how the ongoing use of opioids improve his quality of life. There is no indication of monitoring for misuse or abuse. Therefore, the medical necessity of this request is not established, as the claimant does not meet current treatment guidelines for ongoing use of opioids.