

Case Number:	CM13-0060012		
Date Assigned:	01/08/2014	Date of Injury:	11/11/2011
Decision Date:	03/30/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 35 year old male with a history of an industrial injury to the right shoulder. The documentation submitted indicates 2 injuries. The first injury was a Worker's Compensation claim dated November 11, 2011 when the injured worker was using a power tool and the drill bit got stuck in the dry wall torquing his shoulder. He experienced pain in the right shoulder. An MRI scan of the shoulder was negative. He received a corticosteroid injection into the shoulder. The second injury was a motor vehicle accident. There is a statement on file without a date which indicates a rear end collision on March 7 or thereabouts. The year is not listed but based upon the statement explaining the prior Worker's Compensation claim of 11/11/11 the motor vehicle accident possibly resulted in the year 2012. The diagnosis pertaining to the motor vehicle accident was cervical sprain on the right side. Per examination of 12/5/2012 the injured worker was continuing to experience pain. The disputed request pertains to the decision of November 19, 2013 with regard to Flexeril and Norco. Review of the documentation provided indicates that the denial pertained to a prescription for Norco # 120 which was modified to # 50 and a request for Flexeril 10 mg # 120 which was noncertified. There is a subsequent utilization review decision of 12/16/2013 pertaining to another request for Flexeril 10 mg #60 which was modified to 30 and Norco No. 60 which was again modified to 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG, 1 PO EVERY 6-8 HOURS PRN SPASM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE GUIDELINES USED BY THE CLAIMS ADMINISTRATOR ARE NOT CLEARLY STATED IN THE UR DETERMINATION

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

Decision rationale: California MTUS chronic pain guidelines indicate cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The request as stated was for cyclobenzaprine 10 mg # 120. The date of injury was 11/11/11. The guidelines do not recommend long-term use. Therefore the request for cyclobenzaprine 10 mg, quantity 120 was not supported by guidelines and as such, the medical necessity of this request is not substantiated.

NORCO, 1-2 PO EVERY SIX HOURS PRN PAIN, MAX FIVE PER DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE GUIDELINES USED BY THE CLAIMS ADMINISTRATOR ARE NOT CLEARLY STATED IN THE UR DETERMINATION

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: With regard to the prescription for Norco 10 mg, quantity 120, documentation indicates that this was also being used on a long-term basis. California MTUS chronic pain guidelines indicate ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed. The 4 A's of ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be documented. Use of drug screening, documentation of misuse of medications, continuing review of overall situation with regard to non-opioid means of pain control, and a pain contract are recommended by guidelines for chronic use. The documentation does not include any of the above. The diagnosis does not support chronic use of opioids. MRI scan of the shoulder was negative. The injury was in 2011. Weaning would be recommended, and the modification of the quantity to 60 was appropriate. The medical necessity for Norco 10/325 quantity 120 was not supported, and as such, the medical necessity of the request is not substantiated.