

Case Number:	CM14-0136962		
Date Assigned:	09/03/2014	Date of Injury:	01/23/2004
Decision Date:	06/18/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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: California

Certification(s)/Specialty: Emergency Medicine

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 67-year-old female, with a reported date of injury of 01/23/2004. The diagnoses include left shoulder rotator cuff tear, left shoulder osteoarthritis, left hand osteoarthritis, and polio with withered right upper extremity. Treatments to date have included physical therapy and oral medication. The medical report dated 07/15/2014 indicates that the injured worker complained of left elbow pain and weakness. It was noted that the injured worker was to start therapy the following week. She took two Norco 10/325mg on an as-needed basis. The injured worker had a history of osteoarthritis of the left hand, which required surgery. The objective findings include a healed scar on the left hand from arthritic carpometacarpal surgery and weakness and restricted range of motion of the left shoulder. The treatment plan included the renewal of Norco and Flexeril. There was no documentation of increased pain relief or functionality. The medical report dated 03/10/2104 indicates that since her last visit, the injured worker noted increasing pain in her left shoulder. The objective findings showed left shoulder weakness and restricted range of motion. The Norco 325mg 360 with two refills was renewed while she awaited surgery on her left shoulder. There was no documentation of pain ratings. The medical records seem to indicate that the injured worker had been taking Norco since 2012. The treating physician requested Norco 10/325mg #120 and Flexeril 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen with hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. There is no documentation of objective improvement in pain or function with this medication. Prescription for Hydrocodone/acetaminophen is not medically necessary.

1 Prescription of Flexeril 5mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants (for pain).

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. The prescription is incomplete. Flexeril is not medically necessary.