

Case Number:	CM14-0219258		
Date Assigned:	01/09/2015	Date of Injury:	10/26/2010
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old female who sustained a work related injury October 26, 2010. Past history documents failed surgery on the shoulder along with manipulation under anesthesia (unspecified). According to an advanced pain management physician's follow-up examination, the injured worker presented with on-going pain in the right shoulder and neck. The pain is described as sharp, stabbing burning, aching and dull, throbbing and radiating, rated 8/10. It is exacerbated by carrying lifting, lying down, pulling pushing, reaching, stress, twisting and weather changes. Associated symptoms include numbness and tingling, spasms, swelling, locking and weakness. It is relieved by heat/ice and medication. Physical examination reveals well healed scars to bilateral shoulders. Edema noted in the right upper extremity, specifically, mild swelling to the dorsal right hand. Trigger points palpated in the upper and lower trapezius, sternocleidomastoid, quadratus lumborum, lumbar region and lumbosacral region bilaterally. Diagnoses are shoulder strain; shoulder joint disease; rotator cuff syndrome, bursitis; impingement shoulder; and frozen shoulder. Treatment and assessment included a notation had a fall on uneven pavement landing on outstretched hands and subsequently hitting the left knee and landing on her right elbow and scraping the knuckles of the left hand. Due to consistent pain with limited range of motion of the shoulders, right greater than left, an MRI was requested. Further treatment included refilling of medications. There are no other current evaluations present in the medical record to date. According to utilization review performed December 18, 2014, the request for Flexeril 10mg #30 (1) tab po qd is non-certified, citing MTUS Chronic Pain Medical

Treatment Guidelines. The request for Norco 5/325mg #120 (1) tab po q 6hrs is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are shoulder strain; shoulder joint disease; rotator cuff syndrome, bursitis; impingement shoulder; and frozen shoulder. Subjectively, the injured worker complains of ongoing pain in the right shoulder and neck. Objectively, there is no tenderness to palpation or trigger points in the upper trapezius, lower trapezius or lumbar region bilaterally. There were no muscle spasms documented. Progress notes from July 14, 2014, September 18, 2014 and October 30, 2014 indicate the injured worker was taking Tizanidine 4 mg concurrently with Soma 350 mg. There was no documentation of Flexeril 10 mg in the progress notes. Additionally, there was no clinical rationale for two muscle relaxants, Tizanidine and Soma. Flexeril was not documented anywhere the 28 page medical record. The last progress note of the medical records dated October 30, 2014 and the request for authorization is dated December 11, 2014. Consequently, absent clinical documentation to support the use of Flexeril 10 mg (in addition to or in place of Tizanidine and Soma), Flexeril 10 mg #30 is not medically necessary.

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be

prescribed to improve pain and function. In this case, the injured worker's working diagnoses are shoulder strain; shoulder joint disease; rotator cuff syndrome, bursitis; impingement shoulder; and frozen shoulder. Subjectively, the injured worker complains of ongoing pain in the right shoulder and neck. Objectively, there is no tenderness to palpation or trigger points in the upper trapezius, lower trapezius or lumbar region bilaterally. There were no muscle spasms documented. Progress notes from July 14, 2014, September 18, 2014 and October 30, 2014 indicate the injured worker received Norco 10/325 mg. There was no documentation of objective functional improvement, pain assessments or risk assessments. The medical record was 28-pages in its entirety and, as a result, the start date for Norco did not appear in the record. Consequently, absent clinical documentation with objective functional improvement, pain assessments and risk assessments, Norco 5/325 mg #120 is not medically necessary.