

Case Number:	CM15-0015796		
Date Assigned:	02/03/2015	Date of Injury:	08/17/2007
Decision Date:	03/27/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/27/2015

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: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 08/17/2007. She has reported subsequent neck, upper extremity and lower extremity pain and was diagnosed with persistent right shoulder pain with probable SLAP lesion and rotator cuff tendonitis, status post arthroscopy. Treatment to date has included oral medications, rest and physical therapy. In a progress note dated 12/29/2014, the injured worker complained of persistent right shoulder and arm pain, aching neck pain, aching low back pain, right shoulder, arm, hip and leg pain with numbness that was rated as 5-6/10. Objective physical examination findings were notable for tenderness of the anterior deltoid, lateral deltoid, biceps tendon and acromioclavicular joint and positive impingement signs. A request for authorization of Motrin for symptom reduction, Flexeril for spasm and Norco for moderate/severe pain was made. On 01/19/2015, Utilization Review non-certified requests for Motrin and Flexeril, noting that there was no evidence of objective functional improvement with Motrin and that Flexeril was not recommended for long term use. Utilization Review modified a request for Norco from 10/325 mg #60 to 10/325 mg #33 between 12/29/2014 and 02/28/2015, noting that the weaning process has already begun and that continued weaning was indicated. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Motrin 800mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with persistent right shoulder, arm, neck, and low back pain. The current request is for 90 Motrin 800 mg with 3 refills. For antiinflammatory medications, the MTUS Guidelines page 22 states, "Anti inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient has been prescribed Motrin 800 mg since at least 07/28/2014. Each progress report provided for review includes a current pain level. On 10/20/2014, the treating physician noted "I will prescribe the patient medication to decrease her symptoms." Progress report dated 12/29/2014 again notes that the patient is prescribed this medication to decrease her pain. There is no further discussion regarding this medication. In this case, recommendation for further use cannot be supported as the treating physician does not provide any discussion regarding this medication's efficacy. In addition, the patient is being seen and treated on a monthly basis and the current request is for #90 with 3 refills. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The requested #90 with 3 refills is not medically necessary.

60 Flexeril with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) = Flexeril (Cyclobenzaprine).

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

Decision rationale: This patient presents with right shoulder, arm, neck, and low back pain. The current request is for 60 Flexeril with 3 refills. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." This is an initial request for Flexeril. The treating physician states that this medication is for patient's muscle spasms. In this case, the treating physician has prescribed Flexeril #60 with 3 refills. MTUS Guidelines supports the use of Flexeril for short course of therapy not longer than 2 to 3 weeks. The requested Flexeril #60 with 3 refills is not medically necessary.

60 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-Going Management..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with right shoulder, arm, neck, and low back pain. The current request is for 60 Norco 10/325 mg. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since at least 07/28/2014. Progress reports continually note the patient's current pain level, but there is no before and after pain scale to denote a decrease in pain. Furthermore, the treating physician has provided no discussion regarding specific functional improvement, changes in ADL, or change in work status to document significant functional improvement. Progress reports noted that "Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain." There are no specific discussions regarding specific functional improvement or changes in ADLs as required by MTUS for opiate management. There are also no discussions regarding aberrant behaviors or possible adverse side effects as required by MTUS. The treating physician has failed to provide the minimal documentation required by MTUS for opiate management. The requested Norco is not medically necessary and recommendation is for slow weaning per MTUS.