

Case Number:	CM15-0111505		
Date Assigned:	06/18/2015	Date of Injury:	06/12/2014
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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, 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 51 year old male who sustained a work related injury June 12, 2014. While working at a stand up desk, he was hit by a forklift on the back/buttock and pinned between the forklift and the desk, and when released fell to his knees. He underwent x-rays of the lower back and received physical therapy. He had an earlier injury in April 2014, with injury to the left elbow. According to a primary treating physician's progress report, dated May 7, 2015, the injured worker presented complaining of intermittent right shoulder pain with limited and painful mobility of the shoulder joint. He reports occasional pain in the left elbow and left knee and constant low back pain. There is painful and restricted mobility to the back with radiation to the upper back and neck. There is radiating pain to the left hip and left buttock, with stabbing pain and radiating numbness and tingling behind the left leg. He has completed one of six acupuncture treatments to date. He is having urinary retention, bladder control issues, and weakness to the legs with pain. The physician wants the injured worker to seek emergency room treatment to rule out cauda equina syndrome. Objective findings included right shoulder; positive Neer and Hawkins tests, painful range of motion with abduction maneuvers. The left elbow reveals tenderness to palpation over the bilateral epicondyles. The lumbar spine revealed tenderness to palpation over the midline lumbar spine at L4-L5 and bilateral spinals, left greater than right, left gluts, left posterior thigh to mid posterolateral calf, and left posterior ankle. There is tenderness of the left knee to palpation over the anteromedial joint line, anterior infrapatellar and bilateral patellar facets and crepitus to the knee joint. He ambulates with a normal gait. Diagnoses are right shoulder strain/bursitis due to overcompensation; left elbow epicondylitis;

lumbar spine degenerative disc disease; lumbar spine protrusion 3 mm at L3-4 with moderate foraminal stenosis; lumbar spine radiculopathy; left knee contusion. At issue, is the request for authorization for Flexeril, Norco, and Tramadol/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg/tab #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for 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 right shoulder strain/bursitis; left elbow lateral epicondylitis; lumbar spine DVD/stenosis; lumbar spine disc protrusion; lumbar spine radiculopathy; and left knee contusion. The date of injury is June 12, 2014. The earliest progress note containing Tramadol and Norco is dated December 11, 2014. The earliest progress note containing Flexeril is January 15, 2015. Subjectively, the injured worker's complaints included right shoulder pain, low back pain and left knee pain. There was tenderness the palpation of the lumbar spine, but no spasm was noted. The request for authorization is dated May 19, 2015. The most recent progress notes dated May 7, 2015. There are no pain scores throughout the medical record. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no attempt at weaning opiates in the medical record. There is no documentation demonstrating objective functional improvement with Flexeril. Additionally, Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider exceeded the recommended guidelines for short-term use by continuing Flexeril in excess of four months. Consequently, absent clinical documentation demonstrating objective functional improvement, documentation of acute low back pain or an acute exacerbation of chronic low back pain and continuation of Flexeril and treatment in excess of four months (guideline recommendations less than two weeks), Flexeril 10mg #30 is not medically necessary.

Norco 5mg/tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 124.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5mg # 90 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 opiate use. Satisfactory response to treatment may be indicated 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right shoulder strain/bursitis; left elbow lateral epicondylitis; lumbar spine DVD/stenosis; lumbar spine disc protrusion; lumbar spine radiculopathy; and left knee contusion. The date of injury is June 12, 2014. The earliest progress note containing Tramadol and Norco is dated December 11, 2014. The earliest progress note containing Flexeril is January 15, 2015. Subjectively, the injured worker's complaints included right shoulder pain, low back pain and left knee pain. There was tenderness the palpation of the lumbar spine, but no spasm was noted. The request for authorization is dated May 19, 2015. The most recent progress notes dated May 7, 2015. There are no pain scores throughout the medical record. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no attempt at weaning opiates in the medical record. There is no documentation demonstrating objective functional improvement with Norco. Consequently, absent clinical documentation demonstrating objective functional improvement, detailed pain assessments, risk assessments, attempted opiate weaning and documented pain scores throughout follow-up documentation, Norco 5mg # 90 is not medically necessary.

Tramadol/APAP 50mg/tab #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/30/15) - Online Version Opioids, specific drug list.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol/APAP 50mg #60 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 opiate use. Satisfactory response to treatment may be indicated 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. Discontinuation of long-term opiates is recommended

in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right shoulder strain/bursitis; left elbow lateral epicondylitis; lumbar spine DVD/stenosis; lumbar spine disc protrusion; lumbar spine radiculopathy; and left knee contusion. The date of injury is June 12, 2014. The earliest progress note containing Tramadol and Norco is dated December 11, 2014. The earliest progress note containing Flexeril is January 15, 2015. Subjectively, the injured worker's complaints included right shoulder pain, low back pain and left knee pain. There was tenderness to palpation of the lumbar spine, but no spasm was noted. The request for authorization is dated May 19, 2015. The most recent progress notes dated May 7, 2015. There are no pain scores throughout the medical record. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no attempt at weaning opiates in the medical record. There is no documentation demonstrating objective functional improvement with Tramadol/APAP. Consequently, absent clinical documentation demonstrating objective functional improvement, detailed pain assessments, risk assessments, attempted opiate weaning and documented pain scores throughout follow-up documentation, Tramadol/APAP 50mg #60 is not medically necessary.