

Case Number:	CM15-0117617		
Date Assigned:	06/25/2015	Date of Injury:	09/27/2013
Decision Date:	07/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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 34-year-old female, who sustained an industrial/work injury on 9/27/13. He reported initial complaints of right shoulder and neck pain. The injured worker was diagnosed as having chronic right shoulder pain. Treatment to date has included medication and diagnostic testing. MRI results of the right shoulder were reported on 1/2/14 and showed mild tendinosis distal supraspinatus tendon but no full thickness or partial thickness tear. MRI of the cervical spine was normal. Currently, the injured worker complains of right shoulder and neck pain radiating into the right upper extremity. Pain is rated at 5-6/10. Per the primary physician's progress report (PR-2) on 5/26/15, the physician exam demonstrated no significant changes. Urine drug screen was consistent. Current plan of care included medication, therapy, and follow up. The requested treatments include: retrospective Norco 5/325 mg, qty. 60 DOS: 04/28/2015 and Retrospective Flexeril 10mg, qty. 60 DOS: 04/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325 mg, qty. 60 DOS: 04/28/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines, cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retrospective Norco 5/325 mg, qty. 60 DOS: 04/28/2015 is not medically necessary and appropriate.

Retrospective Flexeril 10mg, qty. 60 DOS: 04/28/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Retrospective Flexeril 10mg, qty. 60 DOS: 04/28/2015 is not medically necessary and appropriate.