

Case Number:	CM15-0024479		
Date Assigned:	02/17/2015	Date of Injury:	05/29/2012
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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 28 year old male, who sustained an industrial injury on 5/29/2012. On 2/9/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #120, and Flexeril 10mg #60. The treating provider has reported the injured worker complained of right shoulder pain along with numbness and tingling sensation to the right upper extremity. The diagnosis for this injured worker is documented as 722.73. Treatment to date has included status post right shoulder arthroscopic decompression rotator cuff repair (3/6/13), cervical spinal cord stimulator (1/30/14), MRI cervical spine (10/5/12), MRI right shoulder (10/1/13), EMG (10/27/14), urine drug screening for medial management. On 1/13/15 Utilization Review non-certified Norco 10/325mg #120, and Flexeril 10mg #60. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 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 10/325 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 opiate 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 right shoulder girdle internal derangement; status post right arthroscopic rotator cuff repair; brachial plexus injury; medication induced gastritis; cervical spinal cord stimulator implantation January 2014; left greater trochanteric bursitis; and reactionary depression and anxiety. The date of injury was May 29, 2012. The earliest progress note in the medical record is dated August 26, 2014. Norco was prescribed at that time. There was a refill ordered. The start date for Norco is unclear from the documentation in the medical record. A urine drug screen was performed October 24, 2014 that was inconsistent for Norco (and Flexeril). The latest progress note in the medical record is dated December 23, 2014. Tramadol (Ultram) was prescribed according to the documentation at that time. There is no documentation with objective functional improvement in 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 Norco in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco (in addition to a second opiate Ultram), Norco 10/325 mg #120 is not medically necessary.

Flexeril 10mg #60: Upheld

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

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 10 mg #60 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 girdle internal derangement; status post right arthroscopic rotator cuff repair; brachial plexus injury; medication induced gastritis; cervical spinal cord stimulator implantation January 2014; left greater trochanteric bursitis; and reactionary depression and anxiety. The date of injury was May 29, 2012. The earliest progress note in the medical record is dated August 26, 2014. Flexeril was prescribed as far back as August 26, 2014. Flexeril is indicated for short-term (less than two weeks) treatment of acute

low back pain or short-term treatment of acute exacerbation and chronic low back pain. There is no clinical indication or rationale to support the ongoing use of Flexeril well in excess of the recommended guidelines. Additionally, the injured worker does not have any diagnoses related to back pain whether it is an acute exacerbation of chronic low back pain or acute low back pain. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Flexeril in excess of the recommended guidelines, Flexeril 10 mg #60 is not medically necessary.