

Case Number:	CM15-0060786		
Date Assigned:	04/07/2015	Date of Injury:	10/27/2002
Decision Date:	06/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 68-year-old male who sustained an industrial injury on 10/27/2002. Diagnoses include sprain of the neck, shoulder/arm and elbow/forearm. Treatment to date has included medications, physical therapy, cortisone injections and splinting. Diagnostics performed to date included MRIs and electrodiagnostic testing. According to the progress notes dated 02/02/2015, the injured worker reported mid back and posterior left shoulder pain due to spasms. Objective findings were tenderness and decreased range of motion of the left shoulder with spasms in the scapular thoracic area and numbness and tingling in the left hand. A request was made for retrospective: Flexeril 7.5mg #90 with 1 refill; Voltaren 100mg, #60 with 1 refill; Protonix 20mg, #60 with 1 refill and Norco 5/325mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flexeril 7.5mg #90, with 1 refill: 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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The injured worker has continuously utilized the above medication. Guidelines do not support long-term use of muscle relaxants. There is also no frequency listed in the request. As such, the request is not medically necessary.

Retrospective request for Voltaren 100mg #60, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has utilized Voltaren since 09/2012. Guidelines would not support long-term use of NSAIDs. There was also no frequency listed in the request. As such, the request is not medically necessary.

Retrospective request for Protonix 20mg #60, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation website, <http://www.drugs.com/pro/pantoprazole.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has utilized Voltaren since 09/2012. Guidelines would not support long-term use of NSAIDs. There was also no frequency listed in the request. As such, the request is not medically necessary.

Retrospective request for Norco 5/325mg #60, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids; Opioids, criteria for use Page(s): 75, 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has continuously utilized the above medications since 09/2012. There is no documentation of a failure of nonopioid analgesics. There is also no evidence of objective functional improvement. There is no frequency listed in the request. Given the above, the request is not medically necessary.