

Case Number:	CM15-0062389		
Date Assigned:	04/08/2015	Date of Injury:	08/14/2009
Decision Date:	05/08/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/02/2015

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

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 55-year-old male, who sustained an industrial injury on 08/14/2009. The injured worker is currently diagnosed as having status post right shoulder arthroscopy, cervical/thoracic/lumbar spine sprain, wrist/forearm tenosynovitis, carpal tunnel syndrome, knee arthralgia, and left wrist deQuervain's release. Treatment to date has included shoulder MR Arthrogram, right shoulder surgery, home exercise program, and medications. In a progress note dated 02/18/2015, the injured worker presented with complaints of left shoulder pain. The treating physician reported requesting authorization for refill of Norco and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325mg #60, DOS: 2/18/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines supports the judicious use of Opioids when there is meaningful pain relief, functional benefits and the absence of drug related aberrant behaviors. These conditions are met with this individual. Opioid use is minimal and results in significant pain relief and functional benefits. No aberrant drug related behaviors are apparent and urine drug screening is negative for use of illegal drugs. Under these circumstances, the Norco 5/325 #60 is supported by Guidelines and is medically necessary.

Retrospective Fexmid 7.5mg #60, DOS: 2/18/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fexmid.html>.

Decision rationale: Both the MTUS Guidelines and PDR prescribing recommendations limit the recommended use of Cyclobenzaprine (Flexmid) to 2-3 weeks. It is not recommended as a long-term medication unless utilized short term for distinct flare-ups. The recommended use is chronic and long term. Under these circumstances, the Flexmid is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The Flexmid 7.5mg. #60 is not medically necessary.