

Case Number:	CM15-0063940		
Date Assigned:	04/20/2015	Date of Injury:	08/30/2007
Decision Date:	06/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: Arizona, Texas

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 year old female, who sustained an industrial injury on 8/30/07. Initial complaints were not reviewed. The injured worker was diagnosed as having facet hypertrophy; lumbar radiculopathy; ulnar neuropathy at elbow; depression; chronic pain syndrome; carpal tunnel (left); insomnia per medical condition. Treatment to date has included status post left shoulder arthroscopy, joint debridement, acromioplasty, distal clavicle excision and mini open rotator cuff repair (8/4/14); physical therapy; medications. Currently, the PR-2 notes dated 3/6/15 indicated the injured worker presents for re-evaluation of left shoulder, low back and left wrist pain. She is a status post left shoulder arthroscopy, joint debridement, acromioplasty, distal clavicle excision and mini open rotator cuff repair of 8/4/14 and recovering well. She notes her medications are helpful: Gabapentin 600mg, Norco 10/325mg, Flexeril 7.5mg, Nucynia 100mg, Lidoderm 5%, Ibuprofen 800mg, Ativan 1 mg, Celexa 40mg and Ambien 10mg. She describes her pain as aching and stabbing in her shoulders, low back and left leg. She is rating it at 10/10 without medications and 6/10 with medications. The examination of the lumbar spine reveals a 5/5 strength bilaterally in the lower extremities. Sensation is noted as intact but diminished on the left leg. There is tenderness over the paraspinals with increased pain on flexion. Straight leg raises was positive on the right. She has tried and failed lumbar epidural steroid injections and feels that her pain is not improving with medications. She would like a surgical consult. Her MRI is over one year old. The provider is requesting Norco 10/325mg #15, Nucynta 100mg #60 and Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150;; Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long-term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation provided does not support that the use of opioid analgesic has resulted in meaningful improvement in function. The continued use of this opioid analgesic is not medically necessary.

Nucynta 100mg #60;; Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation provided does not support that the use of opioid analgesic has resulted in meaningful improvement in function. The continued use of this opioid analgesic is not medically necessary.

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the patient has used flexeril for the treatment of chronic pain longer than is recommended. The continued use of flexeril is not medically necessary.