

Case Number:	CM15-0074270		
Date Assigned:	04/24/2015	Date of Injury:	07/23/2012
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female patient who sustained an industrial injury on 07/23/2012. A primary treating office visit dated 11/18/2014 reported current complaints of substantial left shoulder pain, stiffness and weakness. She also reports the onset of some right shoulder symptoms that she attributes to compensatory overuse. The impression noted: left carpal tunnel syndrome; history of right carpal tunnel syndrome with ulnar neuropathy; bilateral shoulder tendinopathy with left shoulder impingement; cervical strain with mild discogenic disease and associated mild foraminal encroachment, and status post right carpal tunnel release and right ulnar nerve decompression 04/23/2014. The plan of care involved: a left shoulder consultation, dispensed Ultracet 37.5/325mg, Lunesta, and follow up in one month. A more recent primary follow up visit dated 02/10/2015 described subjective complaints of constant left shoulder pain, right shoulder pain. She has had chiropractic care, physical therapy and injections. She is diagnosed with left shoulder impingement syndrome, and left shoulder rotator cuff tendinopathy. The plan of care showed the patient continuing to want surgical intervention. The medications listed are Flexeril, Tylenol #3, Ultracet, Valium, Lunesta and Motrin. There are several UDS reports dated 8/5/2014, 11/14/2014 and 12/18/2014 showing non detection of prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 7.5mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative agents. The records indicate that the patient have utilized muscle relaxants longer than the guidelines recommended maximum period of 4 to 6 weeks. There is documentation for non compliance as indicated by non detection of prescribed medications in the UDS reports. The criteria for the use of Flexeril were not met, therefore not medically necessary.

Retrospective Tylenol 3 300/30mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative agents. The records indicate that the patient have utilized multiple opioids and other sedative medications concurrently. There is documentation for non compliance as indicated by non detection of prescribed medications in the UDS reports. There is no documentation of CURES data reports, absence of aberrant behavior and functional restoration as mandated by the guidelines. The criteria for the use of Tylenol #3 300/30mg #60 were not met, therefore not medically necessary.

Retrospective Ultracet 37.5/325mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative agents. The records indicate that the patient have utilized multiple opioids and other sedative medications concurrently. There is documentation for non compliance as indicated by non detection of prescribed medications in the UDS reports. There is no documentation of CURES data reports, absence of aberrant behavior and functional restoration as mandated by the guidelines. The criteria for the use of Ultracet 37.5/325mg #60 were not met, therefore not medically necessary.