MAXIMUS Federal Services

| Case Number: | CM15-0078342 | | |
|---|---|---|---|
| Date Assigned: | 04/29/2015 | Date of Injury: | 06/04/2013 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

## 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: Emergency 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 36 year old male, who sustained an industrial/work injury on 6/4/13. He reported initial complaints of neck pain and shoulder pain. The injured worker was diagnosed as having severe left neural foraminal narrowing at C5-6, left shoulder impingement syndrome, moderate disc herniation, moderate disc and ostephyte complex, and mild spinal stenosis. Treatment to date has included medication, surgery (left shoulder arthroscopy with extensive intra-articular debridement, subacromial decompression with bursectomy and anterior acromioplasty and microtenotomy lungs), and physical therapy sessions-13/24). Currently, the injured worker complains of left shoulder pain, slightly improved with recent physical therapy buy low back pain was worsening with radiation and numbness. Symptoms caused sleep disruption. Per the primary physician's progress report (PR-2) on 4/2/15, examination revealed limited range of motion to both shoulders. The requested treatments include Retrospective request for Flexeril and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for several weeks. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.

**Retrospective request for Norco 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. While there is no medication list provided, it is noted that patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. There is no documentation of any benefit from documentation or appropriate monitoring. Norco is not medically necessary.