

Case Number:	CM15-0094926		
Date Assigned:	05/21/2015	Date of Injury:	05/11/2012
Decision Date:	07/07/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/15/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 05/11/2012. On provider visit dated 03/24/2015 the injured worker has reported low back pain and numbness in left shoulder and hand. Medication regimen was noted to decreased pain and improves functions. Pain scaled was noted as 4/10 with medication. On examination of the left upper shoulder extremity revealed a decreased range of motion. Tenderness was noted at lumbar spine and facet joint, with a decreased range of motion. The diagnoses have included lumbago-low back pain, shoulder region disorder and long RX use. Treatment to date has included medication: Toradol, Hydrocodone-Acetaminophen, Atenolol, Tizanidine, and Voltaren Gel. The provider requested Flexeril 10mg and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Hydrocodone/Acetaminophen, Weaning of Medications Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS guidelines note that cardinal criteria for continuation of opioid therapy include evidence of improved functioning and reduced pain. In this case, the patient's pain has been reduced to 4/10 with the Norco. Her ability to perform ADLs has also increased as a result of the Norco despite her inability to return to work. Previous urine drug screens have been consistent, and she is low risk, but should still be screened on an every six-month basis. Therefore, the request for continued Norco is medically necessary and appropriate at this time.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics, Cyclobenzaprine (Flexeril) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: CA MTUS states that Cyclobenzaprine (Flexeril) is recommended for short course therapy. In this case, the records indicate that this patient has been prescribed Flexeril on a chronic basis. MTUS does not recommend long-term use of muscle relaxants and recommends using 3-4 days for acute spasm and no more than 2-3 weeks total. Therefore, chronic use of Flexeril is not medically necessary or appropriate.