

<b>Case Number:</b>	CM13-0035481		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47-year-old male who reported an injury on 08/01/2011. The mechanism of injury was not provided for review. The patient's treatment history included right shoulder surgery in 09/2012 and surgical consideration for the cervical spine. The patient's treatment history includes multiple conservative measures and medication usage. The patient was evaluated on 11/04/2013. It was documented that the patient had 6/10 pain that was exacerbated by movement. The patient's medication schedule included naproxen, Norco, Fexmid, Ultram, and Methoderm. The patient's most recent evaluation documented that there was decreased reflexes in the biceps and triceps bilaterally with decreased sensation in the C6-7 dermatomes on the right side and decreased motor strength in the C6-7 myotomes on the right side. The patient had restricted range of motion of the cervical spine and right shoulder. The patient's diagnoses included cervical myeloradiculopathy with disc herniations at the C5-6 and C6-7 and right shoulder internal derangement status post shoulder surgery x2. The patient's treatment plan included anterior cervical decompression and fusion at the C5-6 and C6-7 with continuation of medications. The patient was monitored for aberrant behavior with urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX 550MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 63, 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 67.

**Decision rationale:** The requested Anaprox 550 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs in the treatment of chronic pain. However, California Medical Treatment Utilization Schedule recommends that continued use of medications for chronic pain be supported by documentation of functional benefit and an assessment of pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has significant pain relief or functional benefit related to the patient's medication usage. Additionally, the request as it is submitted does not have duration of treatment or frequency of use. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Anaprox 550 mg is not medically necessary or appropriate.

**MENTHODERM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 105.

**Decision rationale:** The requested Menthoderm is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of topical salicylate in the management of osteoarthritic related pain. However, California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of pain relief for functional benefit related to the use of this medication. Also, the request as it is submitted does not provide duration of treatment or frequency of use. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Menthoderm is not medically necessary or appropriate.

**NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

**Decision rationale:** The requested Norco 10/325 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The

clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior. However, there is no evidence of pain relief or functional benefit related to medication usage. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not provide duration of treatment or frequency of use. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 is not medically necessary or appropriate.

**FEXMID 7.6MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** The requested Fexmid 7.6 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends muscle relaxants be used to treat acute exacerbations of chronic pain for short durations of treatment not to exceed 2 to 3 weeks. The clinical documentation submitted for review does provide evidence that the patient has been on some form of muscle relaxants since at least 11/2012. The clinical documentation does not provide any evidence that the patient is suffering from an acute exacerbation that would benefit from this medication. Additionally, the request as it is submitted does not provide a frequency or duration of use. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Fexmid 7.6 mg. is not medically necessary or appropriate.

**TRAMADOL ER 150MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

**Decision rationale:** The requested tramadol ER 150 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior. However, there is no evidence of pain relief or functional benefit related to medication usage. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not provide duration of treatment or frequency of use. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested tramadol ER 150 mg is not medically necessary or appropriate.