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| <b>Case Number:</b>   | CM13-0057739 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 01/29/2007 |
| <b>Decision Date:</b> | 04/04/2014   | <b>UR Denial Date:</b>       | 11/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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 has a date of birth [REDACTED]. She has an industrial injury to her head, face, eyes, and left shoulder sustained on 1/29/07. There are requests for Norco 10/325 mg Quantity 60.00 and FexMid 7.5 mg Quantity 60. The patient's diagnoses include: A left winged scapula; cervicogenic headache; left upper extremity sympathetically mediated pain; reactionary depression and anxiety with hyperventilation syndrome; left brachial plexus decompression performed on 10/6/10; left Chiari I malformation; left upper extremity CRPS syndrome; thoracic outlet syndrome; trial of cervical cord stimulator; xerostomia secondary to chronic opioid use; and medication induced gastritis. Patient's treatment has included multiple modalities, physical therapy, trigger point injections, thoracic outlet decompression surgery, and activity restrictions. Diagnostic testing includes a brain MRI performed on March 31, 2013 which revealed a low lying cerebellar tonsil. A cervical spine MRI performed March 15, 2011 reveals a negative study, which was consistent with prior CT scan from August 24, 2009. A left shoulder MRI performed on November 23, 2010 is within normal limits. An EMG study performed on June 3, 2010, reveals EMG evidence suggestive of an active left C7 radiculopathy. Clinical correlation is recommended. Nuclear medicine bone scan performed on August 24, 2009 does not reveal any abnormalities. EMG study on August 17, 2009 is within normal limits. A cervical spine MRI performed on August 14, 2009 reveals no specific abnormalities at the C7-T1 area, but there is a possibility of right neck lymph node calcifications. A 10/30/13 primary treating physician report indicates that the patient remains depressed and anxious due to her significant functional limitations. The patient is found to be alert and cooperative, but in mild distress. She appears somewhat anxious. She does not appear to be overly medicated. She continues to guard her left upper extremity during the examination. Examination of the cervical

spine reveals tenderness along the posterior cervical musculature on the left with point tenderness in the suboccipital regions. There is a well-healed left brachial plexus decompression scar. There are positive Tinel's signs at the supra- and infraclavicular areas on the left. She has a decreased range of motion, but is able to forward flex bringing her chin 2 fingerbreadths to the sternum. Extension is limited to about 20 degrees. Examination of the left shoulder reveals tenderness to palpation aggravated with general range of motion. Shoulder abduction and flexion is limited to about 80 degrees of active range of motion. The patient has notable decreased range of motion of internal and external rotation of about 50 degrees. There are mild vasomotor changes of the left upper extremity when compared to the right with some gooseflesh. There is mild guarding and obvious swelling of the left upper trapezius muscle in the supraclavicular area when compared to the right. Radial pulses are intact bilaterally and equal, which do not change as the arms are raised overhead. The left arm cannot rise as high, but the patient does report increased headache symptoms and tingling in her hand and distal extremity on the left when compared to the right. The patient has a decreased range of motion of the left shoulder and was able to abduct to about 80 degrees. Palpation of the scalene muscles causes gooseflesh and vasomotor changes in the left upper extremity and pain shooting into the head. The patient has obvious winged scapula on the left with her arms out and against the wall. The winged scapula does not go away when she puts the arms down, but is not as pronounced. There is tenderness along the trapezius muscle region on the left and severe tenderness with a very positive Tinel's sign over the scalene muscles on the left with pain shooting into the hand.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg, QTY: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 84, 75, 79-80, 91.

**Decision rationale:** Norco 10/325mg quantity 60 is not medically necessary according to the MTUS guidelines. The employee has been on long term Norco without significant change in function or improvement in pain. Current evidence based guidelines recommend the discontinuation of opioid medication if there is a lack of improvement in function or improvement in pain. According to available documentation, the employee had been utilizing opioid therapy long term without documented evidence of significant improvement in pain or overall functional improvement. The request for Norco 10/325mg quantity 60 is not medically necessary.

**FexMid 7.5 mg, QTY: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, and 64..

**Decision rationale:** FexMid 7.5mg QTY: 60.00 is not medically necessary according to the MTUS guidelines. The MTUS guidelines indicate that this medication is not recommended to be used for longer than 2-3 weeks. The documentation indicates the employee has been on FexMid much longer than the 2-3 week recommended limit without significant functional improvement or significant change in pain level. The request for FexMid 7.5mg quantity 60 is not medically necessary or medically appropriate.