

<b>Case Number:</b>	CM13-0072007		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Family Practice and is licensed to practice in Texas. 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 injured worker is a 56-year-old male who reported an injury on 03/22/2010 secondary to cumulative trauma. His diagnoses include right shoulder impingement, right shoulder rotator cuff tear, bilateral patellar tendonitis, bilateral ankle strain, lumbar sprain and strain syndrome, bilateral hip capsular sprain, bilateral elbow sprain, noncardiac chest pain, mild aortic stenosis, cardiac arrhythmia, sleep apnea, and hypertension. His current medications were noted to include Butrans patches, Cymbalta, Diovan, Flexeril, Metoprolol, and Norco. It was noted that he had used Flexeril, Cymbalta, and Norco since at least 08/28/2013 and the other medications since at least 11/05/2013. The injured worker's current medications were also noted to include Axiron. The medical records submitted for review failed to provide duration of treatment with Axiron. The injured worker was evaluated on 12/03/2013 and reported pain in the shoulder, cervical spine, low back, bilateral ankles, and bilateral knees. On physical examination, the injured worker was noted to have tenderness to palpation over the C2-3, C3-4, and C5-6 facet capsules. He was also noted to have a positive straight leg raise on the left side. On examination of the right shoulder, the injured worker was noted to have tenderness to palpation of the anterior joint space, acromioclavicular joint, and at the deltoid insertion point. Upon cardiac auscultation, he was noted to have a systolic murmur at the aortic valve with radiation to the left carotid. His blood pressure on this date was recorded to be 118/70. He was noted to be negative for endocrine related symptoms. It was noted that the injured worker underwent a lap band procedure in 12/2012 and lost over 155 pounds. He reported that he did not want to lose any more weight. At the clinical evaluation on 12/03/2013, his weight was recorded to be 175 pounds with a BMI of 25. The injured worker was recommended for continued medications and a pain management consultation. A request for authorization was submitted on 12/10/2013 for pain management evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG, QTY: 30.00:** Upheld

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

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

**Decision rationale:** The request for Flexeril 10 mg, quantity 30, is non-certified. The California MTUS Guidelines may recommend Flexeril as a short course of therapy used to decrease muscle spasm and low back pain. These guidelines do not recommend use longer than 3 weeks as there is insufficient scientific evidence to support long-term use. According to the medical records submitted for review, the injured worker has used Flexeril since at least 08/28/2013. Additional use of Flexeril would be excessive according to the evidence based guidelines for treatment duration. Additionally, the most recent clinical note fails to document evidence of quantifiable pain relief or subjective functional improvement with the injured worker's use of Flexeril. Therefore, it cannot be determined that the injured worker would benefit significantly from continued use of Flexeril. Furthermore, the request as written does not include a frequency of treatment, and it cannot be concluded that the requested medication has been prescribed in a safe and effective manner. In the absence of documented quantifiable pain relief and objective functional improvement and based on guidelines recommendations for treatment duration, the necessity of continues use of Flexeril has not been established. As such, the request for Flexeril 10 mg, quantity 30, is not medically necessary.

**CONSULTATION WITH PAIN MANAGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, , 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011), Chapter 6, page 163.

**Decision rationale:** The request for a consultation with pain management is non-certified. The California MTUS/ACOEM Guidelines state that if a diagnosis is uncertain or complex, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer an injured worker other specialist for an independent medical assessment. Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss. The medical records submitted for review failed to provide a rationale for the request for a pain management consultation. There are no exceptional factors documented to indicate that the injured worker's diagnoses are uncertain or complex. There is a lack of documented evidence to indicate that the

plan or course of care may benefit from additional expertise. Without additional information, the necessity of a pain management consultation has not been established. As such, the request for consultation with pain management is not medically necessary.

**AXIRON 30MG/1.5ML-TESTOSTERONE (QUANTITY UNSPECIFIED): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-111, 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

**Decision rationale:** The request for Axiron 30 mg/1.5 mL (testosterone) quantity unspecified is non-certified. The California MTUS Guidelines may recommend testosterone replacement for injured worker's taking high dose long-term opioids with documented low testosterone levels. The injured worker's current medications were noted to include Norco. 2 laboratory reports were submitted indicating testosterone levels at or above normal limits. According to the clinical note at the time of the request, the injured worker was noted to be negative for endocrine related symptoms. There is a lack of recent documented evidence to indicate a diagnosis of hypogonadism or subjective reports of symptoms associated with low testosterone. Therefore, there is insufficient documented evidence to establish the necessity of Axiron use at this time. Furthermore, the request as written does not specify a frequency or quantity of medication. Therefore, it cannot be determined that the request as written allows for a reassessment of medication efficacy or that the requested medication has been prescribed in a safe and effective manner. As such, the request for Axiron 30 mg/1.5 mL (testosterone) quantity unspecified, is not medically necessary.

**CYMBALTA 60MG (QUANTITY UNSPECIFIED): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** The request for Cymbalta 60 mg, quantity unspecified, is non-certified. The California MTUS Guidelines may recommend Cymbalta as an option for first line treatment for neuropathic pain. The injured worker was noted to have low back pain with radicular pain in the legs bilaterally. It was noted that the injured worker has used Cymbalta since at least 08/28/2013. There is a lack of recent documented evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of Cymbalta. Therefore, it cannot be determined that the injured worker would benefit significantly from continued use of Cymbalta. Furthermore, the request as written does not include as frequency or quantity of the requested medication. Therefore, it is unclear that the request allows for timely reassessment of medication efficacy. As such, the request for Cymbalta 60 mg, quantity unspecified, is not medically necessary.

**DIOVAN 320MG (QUANTITY UNSPECIFIED): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

**Decision rationale:** The request for Diovan 320 mg is non-certified. The injured worker was noted to have a history of hypertension. His blood pressure as of the most recent clinical note was 118/70. It was noted that the injured worker underwent a lap band procedure in 12/2012 with a total subsequent weight loss of over 155 pounds. At the most recent clinical visit, the injured worker's weight was noted to be 175 pounds, and his BMI was 25. It was noted that all but 2 of the injured worker's blood pressure medications had been discontinued. The medical records submitted for review also noted that the injured worker was instructed to contact his physician if his systolic blood pressure reached 100, so that another blood pressure medication may be discontinued. Additionally, the California MTUS Guidelines state that recent research has correlated acetaminophen with hypertension. The injured worker's current medications were noted to include Norco. Norco contains Hydrocodone and Acetaminophen. There is sufficient documented evidence to indicate the necessity of Diovan use at this time. However, the request as written does not include a frequency or quantity. Therefore, it cannot be determined that the request allows for safe medication use and timely reassessment of medication efficacy. As such, the request for Diovan 320 mg, quantity unspecified, is not medically necessary.

**NORCO 10/325MG (QUANTITY UNSPECIFIED): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid medication use. It was noted that the injured worker has used Norco since at least 08/28/2013. There is a lack of recent documented evidence to indicate quantifiable pain relief and objective functional improvement with the injured worker's use of Norco. Additionally, the medical records submitted for review failed to provide a recent urine drug screen to monitor for appropriate medication use. Furthermore, the request as written does not include a frequency or quantity of medication. Therefore, it cannot be determined that the request allows for appropriate medication use and timely reassessment of medication efficacy. As such, the request for Norco 10/325 mg, quantity unspecified, is not medically necessary.

**METOPROLOL 50MG (QUANTITY UNSPECIFIED): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

**Decision rationale:** The request for Metoprolol 50 mg is non-certified. The injured worker was noted to have a history of hypertension. His blood pressure as of the most recent clinical note was 118/70. It was noted that the injured worker underwent a lap band procedure in 12/2012 with a total subsequent weight loss of over 155 pounds. At the most recent clinical visit, the injured worker's weight was noted to be 175 pounds and his BMI was 25. It was noted that all but 2 of the injured worker's blood pressure medications had been discontinued. The medical records submitted for review also noted that the injured worker was instructed to contact his physician if his systolic blood pressure reached 100, so that another blood pressure medication may be discontinued. Additionally, the California MTUS Guidelines state that recent research has correlated acetaminophen with hypertension. The injured worker's current medications were noted to include Norco. Norco contains Hydrocodone and acetaminophen. There is sufficient documented evidence to indicate the necessity of Metoprolol use at this time. However, the request as written does not include a frequency or quantity. Therefore, it cannot be determined that the request allows for safe medication use and timely reassessment of medication efficacy. As such, the request for Metoprolol 50 mg, quantity unspecified, is not medically necessary.