

<b>Case Number:</b>	CM14-0005153		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 & Rehabilitation and is licensed to practice in Texas and California. 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 64-year-old male who reported an injury on 03/31/2008. The mechanism of injury was the injured worker was walking around a pool with a hose on his left shoulder when he tripped over a rubber mat and fell on his outstretched left upper extremity and had immediate pain to his shoulder. The injured worker was noted to be utilizing Norco, Relafen, and Neurontin as of 04/2013. The most recent documentation submitted for review was dated 08/20/2013. The diagnoses included frozen shoulder and complete rupture of the rotator cuff. The clinical documentation indicated the injured worker had left shoulder pain that continued to be bothersome that was constant with movement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) PRESCRIPTION OF VISTARIL 25 MG #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The guidelines used by the Claims Administrator are not clearly stated in the UR determination.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/vistaril.html>

**Decision rationale:** Per drugs.com, Vistaril is used as a sedative to treat anxiety and tension. It may also be used to control nausea and vomiting. There was no DWC Form RFA nor PR-2 submitted with a documented rationale to support the request of the medication. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established through supplied documentation. Given the above, the request for 1 prescription of Vistaril 25 mg #30 is not medically necessary.

**ONE (1) PRESCRIPTION OF NORCO 10/325 MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic pain, ongoing management Page(.

**Decision rationale:** The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, as well as documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was greater than 4 months. There was no DWC Form RFA nor PR-2 submitted for recent documentation. The most recent documentation was dated 08/20/2013. The request as submitted failed to indicate the frequency of use for the medication. Given the above, the request for 1 prescription of Norco 10/325 mg #60 is not medically necessary.

**ONE (1) PRESCRIPTION OF RELAFEN 500 MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Antiepileptic Drugs, Page(s): 16.

**Decision rationale:** The California MTUS Guidelines indicate that anti-epileptic medications are a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain. The duration of use was greater than 4 months. The most recent documentation was dated 08/20/2013. There was a lack of documentation of a recent PR-2 and a DWC Form RFA with the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for 1 prescription of Neurontin 300 mg #90 is not medically necessary.

**ONE (1) PRESCRIPTION OF NEUROTIN 300 MG #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS, Page(s): 67.

**Decision rationale:** The California MTUS Guidelines indicate that anti-epileptic medications are a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain. The duration of use was greater than 4 months. The most recent documentation was dated 08/20/2013. There was a lack of documentation of a recent PR-2 and a DWC Form RFA with the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for 1 prescription of Neurontin 300 mg #90 is not medically necessary.