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| <b>Case Number:</b>   | CM14-0005182 |                              |            |
| <b>Date Assigned:</b> | 01/24/2014   | <b>Date of Injury:</b>       | 12/12/2011 |
| <b>Decision Date:</b> | 06/09/2014   | <b>UR Denial Date:</b>       | 01/03/2014 |
| <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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in 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 patient is an employee of [REDACTED] and has submitted a claim for right shoulder rotator cuff tear, and strain of the lumbar, thoracic, and cervical spine associated with an industrial injury date of December 12, 2011. Treatment to date has included a right shoulder arthroscopy in 2013, use of TENS unit, physical therapy, and medications such as naproxen, Norco, Ambien, and Cymbalta. Medical records from 2013 were reviewed showing that the patient complained of headache, and pain at the bilateral shoulders, back, neck, left knee, and left ankle. Patient likewise reported difficulty sleeping, feelings of depression and anxiety. The pain radiated to the buttocks area, and posterior thigh. Pain was aggravated by prolonged sitting, walking, or repetitive bending. This led to a difficulty in dressing, bathing, brushing, walking, sitting, and standing. Physical examination showed muscle spasm and tightness at the paracervical, paralumbar, and parathoracic areas. Range of motion of the cervical spine, lumbar spine, bilateral shoulders, and both knees was restricted on all planes. Straight leg raise test at the left was positive at 75 degrees in both sitting and supine positions with pain at the posterior thigh and calf. Gait was mildly antalgic. Utilization review from January 3, 2014 denied the requests for Naprosyn sodium 550 mg because this is not recommended for long-term treatment; Norco 10/325 mg, #90 due to lack of improved function and decreased pain; Ambien 10 mg because it is not recommended on a long-term basis; and Thermacare heat patch #200 because it is only recommended for acute flare ups of back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM 550 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on Naproxen since January 2013. Despite its chronic use, there was no evidence of pain relief or functional gains derived from its use. There is no discussion concerning the need for variance from the guidelines, as Naproxen is not recommended for long-term use. The existing indication for this medication has not been established. Furthermore, the present request does not specify the amount of medication to be dispensed. Therefore, the request for Naproxen Sodium 550 mg is not medically necessary.

**NORCO 10/325 #90:** Upheld

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

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been using Norco as early as 2012. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects from its use. Furthermore, there is no evidence that monitoring for aberrant drug behaviors is being made. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg, #90 is not medically necessary.

**AMBIEN 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain , zolpidem section.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. It states that Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, the earliest progress report mentioning patient's usage of Ambien was written on December 2013 for the treatment of insomnia. No recent progress reports are available to document on functional gains derived from its use. Zolpidem may be a necessary pharmacologic management for this case; however, it does not seem reasonable to certify a request without the specified quantity of medication to be dispensed. Therefore, the request for Ambien 10mg is not medically necessary and appropriate.

**THERMACARE HEAT PATCH #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Hot packs, Heat Wraps, and Moist Heat; as well as other medical evidence.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** The CA MTUS does not address hot wraps specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, heat packs was used instead. The Official Disability Guidelines state that heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs. Thermacare patches are disposable hot packs. In this case, the patient has chronic pain at the neck, bilateral shoulders, low back, and left leg. The rationale provided is for local pain control. However, there has been no discussion concerning an acute exacerbation of the chronic pain to warrant the use of these patches. In addition, there is no discussion as to why conventional hot/cold packs cannot suffice. Lastly, the patient presents with widespread areas of pain, thus a local treatment modality may not be appropriate. Therefore, the request for Thermacare Heat Patch #200 is not medically necessary.