

<b>Case Number:</b>	CM14-0007095		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Orthopedic Surgery and is licensed to practice in Oklahoma, Texas, California and Tennessee. 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 sustained an injury on 08/20/12 while moving boxes. The injured worker felt that she pulled the biceps muscle in the left upper extremity. The injured worker initially was treated with physical therapy and pain medications. The injured worker developed depression, stress, and anxiety secondary to the injury. The injured worker had been followed by [REDACTED] for ongoing pain in the left shoulder. Medications prescribed by [REDACTED] include Norco and Flexeril. The injured worker also endorsed the presence of insomnia. The injured worker was being prescribed Effexor and Trazadone by a [REDACTED] for these symptoms. The injured worker was seen by [REDACTED] on 12/10/13 with continuing complaints of pain in the left shoulder 6-7/10 on the VAS. This decreased to 2-3/10 with the use of Norco. On physical examination, there was some loss of range of motion in the left shoulder on abduction to 110 degrees. The injured worker is noted to have had a prior labral repair with a possible interval partial detachment on imaging. The injured worker's prior surgical intervention was from February of 2013. The injured worker was recommended to continue with a home exercise program. Medications continued at this visit included Norco, Flexeril, Ultram, Protonix, and Terocin patches. Follow up with [REDACTED] on 01/14/14 reported that the injured worker was only utilizing Norco as needed for severe pain. The injured worker's current pain score was 4/10 on the VAS. The injured worker described spasms for which Flexeril had been beneficial. The injured worker was noted to not currently work. The injured worker was able to do light activities of daily living. Physical examination was relatively unchanged. Per [REDACTED] note, the injured worker was utilizing Norco for breakthrough pain only. Ultram was being provided for continuous pain relief. The injured worker also reported benefits from the use of Terocin patches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **NORCO 10/325MG X 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opiates, Criteria For Use Page(s): 88-89.

**Decision rationale:** The injured worker was only taking Norco on an as needed basis for severe pain. With Norco, the injured worker reported at least 50% pain improvement which allowed her to be more functional. There is no indication of any aberrant medication use or diversion. Given the efficacy obtained with intermittent use of Norco for a breakthrough pain medication without any evidence for diversion or abuse. Therefore, the request for Norco 10/325mg x 60 is medically necessary and appropriate.

### **FLEXERIL 7.5 MG X 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Muscle Relaxants, Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request for Flexeril 7.5mg x 60 is not medically necessary and appropriate.

### **ULTRAM 50MG X 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Opiates, Criteria For Use Page(s): 88-89.

**Decision rationale:** From the clinical documentation provided for review, it is unclear what if any functional benefit or pain reduction was being obtained with the use of Ultram. It appears that the injured worker was alternating between Ultram and Norco for pain; however, no substantial functional improvement or pain relief was attributed to the use of Ultram. Therefore, the request for Ultram 50mg x 60 is not medically necessary and appropriate.

**TEROCIN PATCH X 20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Page(s): 111-113.

**Decision rationale:** Topical analgesics are considered largely experimental and investigational as indicated by guidelines. There is no indication from the clinical reports that the injured worker has failed all oral medications or was unable to tolerate oral medications. Therefore, the request for Terocin Patch x 20 is not medically necessary and appropriate.