

<b>Case Number:</b>	CM14-0009090		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Ohio. 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 who reported an injury on 02/28/2012; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 01/14/2014, the injured worker reported pain in the shoulder, elbow pain, forearm, wrist and upper extremity. Medications listed at the time of assessment included Naprosyn, Flexeril, Norco 10/325, and Voltaren gel. The physical exam revealed tenderness upon palpation bilaterally to the wrists, bilaterally to the medial epicondyles, and bilaterally to the shoulders. The range of motion in the upper extremities were restricted secondary to pain in all directions with positive Neer and Hawkins tests bilaterally. The listed diagnoses include neck pain, bilateral upper extremity repetitive injury, bilateral shoulder tendonitis, bilateral shoulder impingement and bilateral wrist tendonitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY PURCHASE OF NORCO 10-325 MG #90 NO REFILLS:** 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 the MTUS Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 78-79.

**Decision rationale:** The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has no documentation that quantifies the pain and whether the pain was assessed with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Therefore, the request for Norco 10/325mg #90 is not medically necessary and appropriate.

**FLEXERIL 10 MG #60 NO REFILLS:** 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 MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The CA MTUS recommends Cyclobenzaprine for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. It is unknown how long the worker has been taking Cyclobenzaprine. In addition, within the physical exam the injured worker neither complained of spasms, nor did the physical exam document muscle spasms and is not indicated for the medication requested. Therefore, the request for Flexeril 10mg #60, no refills is not medically necessary and appropriate.

**LEFT SHOULDER CORTISONE INJECTION TO TREAT LEFT SHOULDER TENDINITIS IMPINGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Criteria for Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) state invasive techniques have limited proven value and a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. The Official Disability Guidelines state for steroid injections of the shoulder, the criteria include: a diagnosis of adhesive capsulitis, not controlled adequately by recommended conservative treatments, pain interferes with functional activities, and intended for short-term control of symptoms to resume conservative medical treatment. The submitted medical records did show the injured worker was positive for orthopedic tests which would indicate limited

functional deficits of the shoulder. The medical records did not provide a diagnosis congruent with the guideline criteria. Furthermore, the treatment plan did not indicate that the injured worker would be continuing a home exercise program or concurrent physical therapy. In addition, the documentation failed to show the injured worker's pain interfered with functional activities. Therefore, the request for left shoulder cortisone injection to treat left shoulder tendinitis impingement is not medically necessary and appropriate.