

<b>Case Number:</b>	CM14-0100803		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 and Rehabilitation and is licensed to practice in Texas Oklahoma. 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 55-year-old female who reported an injury on 01/02/2013. The mechanism of injury was the injured worker was moving quickly out of the way from a large truck that was moving through her toll lane and hit her right shoulder against the opposite wall. The injured worker had an MRI, physical therapy, and water aerobics. The injured worker's medical history included opiates as of late 2013. The injured worker underwent a right shoulder arthroscopy with a subacromial decompression and rotator cuff repair on 11/15/2013. The documentation indicated the injured worker was utilizing Flexeril and Protonix at least since 04/2014. Other therapies included physical therapy and medications. The clinical documentation of 05/19/2014 revealed the injured worker had neck and right shoulder pain. The injured worker was noted to be taking Norco to be functional. The injured worker had tenderness along the cervical paraspinal muscles, pain with facet loading, and pain with the rotator cuff and biceps tendon on the right shoulder as well as the left shoulder. The diagnoses included right shoulder impingement with AC joint inflammation status post right shoulder arthroscopic decompression and rotator cuff repair 11/15/2013, left shoulder impingement, carpal tunnel syndrome bilaterally with negative Tinel's, ulnar neuritis with positive hyperflexion test, and discogenic cervical condition. The treatment plan included an MR arthrogram to evaluate for postsurgical changes, an MRI of the cervical spine, and EMG studies of the bilateral upper extremities. The medications were noted to include Norco 10/325 mg #130 for moderate to severe pain, naproxen 550 mg #60 for inflammation, trazodone 50 mg #60 for insomnia, Protonix 20 mg #60 for stomach upset, and tramadol ER 150 mg #30 for pain. Additionally, there was a request for Flexeril 7.5 mg #60 for muscle spasms and Neurontin 600 mg for neuropathic pain. There was no DWC form RFA submitted for the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #130:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids Page(s): 75-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 60; 78; 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since late 2013. There was a lack of documentation meeting the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #130 is not medically necessary.

**Protonix 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 41,42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, there was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Protonix 20 mg #60 is not medically necessary.

**Tramadol ER 150 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93,94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 60; 78; 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug

behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since late 2013. There was a lack of documentation indicating the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 150 mg #30 is not medically necessary.

**Flexeril 7.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Inflammatory Page(s): 22 of 127.

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a short-term treatment for acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 2 months. There was a lack of documented efficacy and a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 7.5 mg #60 is not medically necessary.