

<b>Case Number:</b>	CM14-0103604		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 a 38 year old male with date of injury 6/15/2010. The mechanism of injury is stated as overuse injury occurring while digging a trench. The patient has complained of pain in the back, hips and neck since the date of injury. He has been treated with shoulder surgery (12/2000), thoracic epidural corticosteroid injections, physical therapy and medications. There are no radiographic data included for review. Objective: thoracic spine paraspinal muscle tenderness to palpation, decreased and painful range of motion of the thoracic spine. Right shoulder decreased and painful range of motion, acromioclavicular joint tenderness bilaterally, decreased and painful range of motion of the cervical spine. Diagnoses: thoracic spine injury, thoracic spine degenerative joint disease, right rotator cuff injury status post-surgery, cervical spine degenerative joint disease. Treatment plan and request: steroid injection for Tietze's syndrome, Tizanidine, Norco, Fetzima, Topical medication (name not specified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid injections for Tietze's syndrome:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47-48 and table 3-1.

**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: [www.UpToDate.com/Tietze's Syndrome](http://www.UpToDate.com/Tietze's%20Syndrome).

**Decision rationale:** This 38 year old male has complained of pain in the back, hips and neck since date of injury 6/15/2010. He has been treated with shoulder surgery (12/2000), thoracic epidural corticosteroid injections, physical therapy and medications. The current request is for steroid injection for Tietze's syndrome. There is no provider documentation of symptoms or physical exam findings to support a diagnosis of Tietze's syndrome. Furthermore, Tietze's syndrome is not listed in the available medical records. On the basis of this lack of documentation, steroid injection for Tietze's syndrome is not indicated as medically necessary.

**Tizanidine 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

**Decision rationale:** This 38 year old male has complained of pain in the back, hips and neck since date of injury 6/15/2010. He has been treated with shoulder surgery (12/2000), thoracic epidural corticosteroid injections, physical therapy and medications to include Tizanidine since at least 11/2012. Per the MTUS guidelines cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Tizanidine 4mg #60 is not medically necessary and appropriate.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 38 year old male has complained of pain in the back, hips and neck since date of injury 6/15/2010. He has been treated with shoulder surgery (12/2000), thoracic epidural corticosteroid injections, physical therapy and medications to include Norco since at least 11/2012. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to

adhere to the MTUS guidelines, Norco 10/325mg #180 is not medically necessary and appropriate.

**Fetzima 40mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/Fetzima](http://www.drugs.com/Fetzima).

**Decision rationale:** This 38 year old male has complained of pain in the back, hips and neck since date of injury 6/15/2010. He has been treated with shoulder surgery (12/2000), thoracic epidural corticosteroid injections, physical therapy and medications to include Fetzima since at least 03/2014. Fetzima is an SNRI (Serotonin-Norepinephrine Reuptake Inhibitor) used for the treatment of major depressive disorder. There is no provider documentation that supports a diagnosis of major depressive disorder in this patient, nor is depression listed as a diagnosis. On the basis of this lack of provider documentation and current medical guidelines, Fetzima 40mg #30 is not medically necessary and appropriate.

**Topical medication (name not specified):** 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 Topical analgesics Page(s): 111.

**Decision rationale:** This 38 year old male has complained of pain in the back, hips and neck since date of injury 6/15/2010. He has been treated with shoulder surgery (12/2000), thoracic epidural corticosteroid injections, physical therapy and medications. The current request is for Topical medication, name not specified. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, topical medication, name not specified, is not indicated as medically necessary.