

<b>Case Number:</b>	CM14-0015415		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/13/1987
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 and Rehabilitation 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 injured worker is a 59-year-old male with a reported date of injury on 01/13/1987. The mechanism of injury was noted to be a slip and fall. The diagnoses were noted to include left shoulder pain, neck pain and back pain as well as shoulder surgery times three (3) on the left side, degenerative disc disease to L2-5 and fusion to C4-5. His medication regimen was noted to include medical marijuana leaves, Norco 10/325 mg tablets, three (3) times a day, 30 days, Prilosec 40 mg DR, once a day, 30 days and Valium 10 mg tablets, three (3) times a day, 30 days. The provider reported medications and surgery as previous treatments. The progress note dated 02/04/2014, reported that the injured worker had ongoing left shoulder pain and that had been steadily getting worse since the original shoulder surgery in 1997. The injured worker reported he had an injection to the shoulder by an orthopedist but it did not help. The injured worker also reported that he was unable to use his shoulder for activities of daily living. The provider indicated that the shoulder was diffusely tender over the acromioclavicular joint and the superior aspect of the glenohumeral joint and bicipital groove, abduction was decreased to approximately 70 to 90 degrees and internal rotation was also decreased due to pain. The injured worker rated his pain at 8/10. The Request for Authorization Form was dated 01/13/2014 for Norco 10/325 mg, one (1) by mouth three (3) times a day for shoulder and neck pain and Valium 10 mg for shoulder pain and spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 1/325MG FOR THIRTY (30) DAYS, WITH NO REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

**Decision rationale:** The injured worker has been taking Norco since at least 08/2013. The Chronic Pain Guidelines indicate that the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The Guidelines also state that the 4A's for ongoing monitoring including analgesics, activities of daily living, adverse side effects and aberrant drug taking behaviors should be addressed. The documentation provided reports the injured worker's pain has been worsening despite the pain medication. The provider did report a discussion with the injured worker to try to decrease pain medication by half a tablet every two (2) weeks at the lowest effective dose in order to provide effective pain relief with the least amount of opioid medication. However, there is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, other than "symptoms controlled on current medications". The injured worker reported he is unable to use his shoulder for activities of daily living and without the pain medication he would be unable to tolerate the pain. There were no adverse effects reported with the use of the medication; however, there is a lack of documentation indicating that the patient has undergone a urine drug screening. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications and it is unclear if the pain medication is helping the injured worker to participate in activities of daily living. There is a lack of documentation regarding any aberrant behaviors as it is unclear whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the quantity of the medication being requested and the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.

**VALIUM 10MG THREE (3) TIMES A DAY FOR THIRTY (30) DAYS, WITH NO REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The injured worker has been taking Valium since at least 08/2013. The Chronic Pain Guidelines do not recommend benzodiazepines for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to four (4) weeks and tolerance to hypnotic effects develops rapidly. The Guidelines state tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is a lack of documentation regarding symptomatology to warrant the need for a benzodiazepine, additionally, the injured worker has been taking this medication for over six (6) months and the

Guidelines recommend a short-term use of about four (4) weeks. Therefore, the request is not medically necessary.