

<b>Case Number:</b>	CM14-0110110		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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 47-year-old male who reported an injury on 04/08/2013. His diagnosis is noted to be left shoulder internal derangement, right shoulder internal derangement, right knee internal derangement, and reactionary depression/anxiety. He had prior treatments of acupuncture, chiropractic care, occupational therapy, physical therapy, and medications. Diagnostic tests were noted to be MRI and MRA. Prior surgery was noted to be left shoulder arthroscopy with full-thickness rotator cuff repair in 2013. A clinical evaluation finds the injured worker with subjective complaints of sharp pain in the left shoulder. Physical examination notes the patient's shoulder had forward flexion and abduction to 165 degrees and internal rotation to L5. There was tenderness to palpation of the anterior portal. It was noted there was a well healed arthroscopic portal and anterior incision. There was tenderness to the humeral head and to the anterior lateral incision. He had pain with loading of the supraspinatus tendon. The treatment plan recommended Kenalog injections and a MR Arthrogram of the left shoulder to further evaluate for any intra-articular pathology. The provider's rationale was not noted in the request and a request for authorization form was not provided with this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

**Decision rationale:** The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring for chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for the documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The progress report submitted for review dated 04/14/2014 fails to provide an adequate pain assessment. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.

**Fexmid 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** The request for Fexmid 7.5 mg #60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The guidelines also suggest that this medication should not be used for longer than 2 to 3 weeks. The physical examination does not note any spasms or spasticity. The documentation does not provide efficacy with prior use of Fexmid. Fexmid is cyclobenzaprine and the guidelines state cyclobenzaprine should not be used for longer than 2 to 3 weeks. The provider's request fails to indicate a dosage frequency. As such, the request for Fexmid 7.5 mg #60 is not medically necessary.

**Prilosec 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg #60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors with precaution as indicated with NSAIDs. When a patient is at risk for gastrointestinal events and is age 65 and over; has a history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin or corticosteroids and/or anticoagulants; or a high dose/multiple NSAID therapy. Recommendations are use of proton pump inhibitors with risk factors of intermediate or high risk for gastrointestinal events. The injured worker does not have documentation of a GI bleed or perforation. The injured worker does have a prescription noted in the clinical documentation for an NSAID. Use of Prilosec does not have efficacy according to the documentation. The provider's request fails to indicate a dosage frequency. Therefore, the request for Prilosec 20 mg #60 is not medically necessary.

**Doral 15mg, #30:** Upheld

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

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

**Decision rationale:** The request for Doral 15 mg #30 is not medically necessary. The California MTUS Chronic Pain Medical Treatment 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 use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker does not note efficacy with use of the benzodiazepine, Doral. In addition, the guidelines do not recommend Doral or any benzodiazepine for long-term use. The provider's request fails to indicate a dosage frequency. As such, the request for Doral 15 mg #30 is not medically necessary.