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| <b>Case Number:</b>   | CM14-0121941 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 10/27/2004 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 07/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/01/2014 |

### 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 Illinois. 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 54-year-old female who reported an injury on 10/27/2004 due to carrying 25-45 pounds of frozen meat from her car and felt a pull in her upper extremities. The next morning she was unable to turn her head and went to the emergency room. The diagnoses include major depression, carpal tunnel syndrome bilateral, gastrointestinal upset, degenerative joint disease of the left shoulder, degenerative disc disease cervical, impingement syndrome left shoulder, radiculopathy in both upper extremities, sleep disorder, musculoligamentous injury, cervical, and status post cervical fusion C5-6, C6-7. Past treatment includes physical therapy. An MRI of the left shoulder revealed supraspinatus, infraspinatus tendinosis, and effusion along with subdeltoid, subacromial bursitis, and osteoarthritis at the AC joint. Additional diagnostic studies include a left shoulder arthrogram. Surgical history was cervical fusion. The injured worker was cleared for left shoulder surgery that was held off until she finished her studies. Physical examination on 05/27/2014 revealed complaints of left shoulder pain which was rated a 5-6/10 with medication and 9/10 without medications. Examination revealed tenderness to palpation of the left shoulder joint and restricted range of motion of the left shoulder. Medications were Norco 10/325 mg, Xanax 2 mg, Zanaflex 4 mg, and Ultracet. Treatment plan was to request more physical therapy and to take medications as directed. The rationale and Request for Authorization were not submitted for 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 (6 months): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

**Decision rationale:** The request for Norco 10/325 mg quantity 60 (6 months) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including; analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. There was no documentation of improvement of activities of daily living or adverse side effects. The efficacy of this medication was not reported. Also, the request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Xanax 2mg #30 (6 months):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for Xanax 2 mg quantity 30 (6 months) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Zanaflex 4mg #60 (6 months):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

**Decision rationale:** The request for Zanaflex 4 mg quantity 60 (6 months) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective

functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Ultracet # 60 (6 months): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Tramadol; Ongoing Management Page(s): 82, 93, 94, 113; 78.

**Decision rationale:** The request for Ultracet quantity 60 (6 months) is not medically necessary. The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including; analgesia, the activities of daily living, adverse side effects and aberrant drug taking behavior. The efficacy of this medication was not reported. Also, the request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Urinalysis testing (drug screen): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain Procedure.

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

**Decision rationale:** The request for urinalysis testing (drug screen) is not medically necessary. The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. Due to the recommendations by the medical guidelines, this request is not medically necessary.