

<b>Case Number:</b>	CM14-0123548		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 34 year old male with an injury date of 05/08/12. Per the 07/16/14 progress report by [REDACTED], the patient presents post left shoulder surgery 05/21/12 with moderate pain in the left shoulder with associated symptoms of sleep issues, stress, and depression. The patient is noted to be temporarily totally disabled for 45 days. There was no change from the prior exam. Examination reveals tenderness to palpation and limited range of motion of the shoulder. The patient's diagnoses include: 1. Shoulder impingement syndrome 2. Shoulder disorders with bursae and tendon unspecified 3. Sprain/strain shoulder arm, unspecified. Current medications are listed as Norco and Alprazolam. The utilization review being challenged is dated 07/23/14. Reports were provided from 11/25/13 to 08/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5mg/500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78, 88, 89.

**Decision rationale:** The patient presents with left shoulder pain post surgery 05/21/14. The treater requests for Norco (an opioid) 5 mg/500 mg #60. It is not known exactly how long the patient has been taking this medication. Treatment reports provided note the patient was to continue Norco on 06/18/14 and that authorization for the medication was requested 05/07/14 and 07/16/14. A request for authorization for Tramadol (an opioid) was noted on 03/31/14. It appears from the information provided that the patient has been a user of opioids since at least 03/31/14. The California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 88 and 89 state the following: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this case, a urine toxicology report was provided dated 06/06/14 stating "none-detected" for all medications. In the reports provided prior to the 07/23/14 utilization review denial letter, the treater does not provide "pain assessment" measures; does not address abnormal urine toxicology and most importantly, no discussion regarding meaningful activities of daily living (ADL) improvements with medication. Recommendation is for denial and slow taper of medication per magnetic resonance imaging California (MTUS).

**Alprazolam ER 1mg #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 Page(s): 24.

**Decision rationale:** The patient presents with left shoulder pain post surgery 05/21/14. The treater requests for Alprazolam (a benzodiazepine) ER 1 mg#30. The treater notes this medication is for stress and anxiety. Reports provided do not show it as a listed medication prior to the 07/14/14 request for authorization. The treater does note depression and sleep issues in his examination. California Medical Treatment Utilization Schedule (MTUS) page 24 states the following about benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." In this case, the treater does not discuss if the medication is to be used short-term. The requested treatment is not medically necessary and appropriate.