

<b>Case Number:</b>	CM14-0136003		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/01/1992
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old female with a reported date of injury on 06/01/1992. The mechanism of injury was not listed in the records. The diagnoses included right cervical radiculopathy and right bicipital tendinitis. The past treatments included pain medication and physical therapy. There was no relevant diagnostic testing provided for review. The surgical history included previous shoulder surgery in 1999, 2001, and 2013. The subjective complaints, on 07/31/2014, included neck pain, right shoulder pain, and right hand pain with numbness. The physical exam findings noted a positive Spurling's sign on the right side and decreased sensation along the thumb, index, and middle finger on the right side. The reflexes are absent in the biceps and in the right triceps. The medications included Norco and meloxicam. The treatment plan was to educate the injured worker, to attempt to proceed with surgery and to start on new medication. A request was received for Norco and meloxicam. The rationale for the request was to decrease pain. The Request for Authorization form was not provided in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The injured worker has chronic neck pain, right shoulder pain, and right hand pain. There was a lack of documentation in the clinical notes that the injured worker had tried a non-opioid option and failed. In the absence of not trying a non-opioid analgesic first, the request is not supported by the evidence based guidelines. As such, the request of Norco is not medically necessary.

**Meloxicam:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines also state that acute exacerbation of chronic pain, NSAIDs are recommended as second line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute pain. The injured worker has chronic right shoulder pain and right hand pain. There is a lack of documentation in the clinical notes that the injured worker has tried first line treatment such as acetaminophen and failed. In the absence of trying and failing first line treatment, secondary treatment is not warranted or supported by the guidelines. As such, the request of Meloxicam is not medically necessary and appropriate.