

<b>Case Number:</b>	CM14-0156594		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	11/08/2005
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 68-year-old male with a date of injury of 11/08/2005. The listed diagnosis per [REDACTED] is RCT. According to progress report 09/04/2014, the patient presents with increase in left shoulder pain. The patient states that she cannot move her arm at times and she has less functional capacity during the past 2 weeks with ongoing pain into her blades. The patient notices arm tires easily. Objective findings noted "FF 40 degrees, ABD 30 degrees both with pain." The treater states that the patient is taking Norco 6 per day since injury and she has a VAS score of 6/10 with medication and 10/10 without medication. The treater is requesting an MRI of the left shoulder, Norco 10/325 mg, Voltaren 75 mg, and Soma 350 mg. Utilization review denied the request on 09/17/2014. Treatment reports from 12/13/2013 through 09/04/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Users of Opioids (6 months or more).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** This patient presents with continued left shoulder pain. The provider is requesting a refill of Norco 10/325 mg #180. Review of the medical file indicates the patient has been prescribed this medication since 12/13/2013. For opiate management, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 further requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior). Progress reports indicate a decrease in VAS score with medications and without medication, an increase of pain up to 10/10. In this case, the provider provides a pain scale to denote decrease in pain with current medications, but there is no discussion of specific functional changes with taking Norco. Furthermore, the provider does not discuss aberrant behaviors, possible side effects, or administer urine drug screens as required by MTUS. Given the lack of sufficient documentation for opiate management, therefore the request is not medically necessary.

**Voltaren 75mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22.

**Decision rationale:** This patient presents with continued left shoulder pain. The provider is requesting a refill of Voltaren 75mg #60. Utilization review denied the request stating, "The patient's records indicate virtually no change in his condition despite continued use of his prescription pain medications." The MTUS Guidelines page 22 supports use of NSAIDS for chronic LBP as a first line of treatment. The patient has been utilizing Voltaren since 2013. In this case, the provider requests refills of Voltaren on a monthly basis. In this case, pain scales are utilized to denote patient's decrease in pain with taking medications, including Voltaren. Given the patient's continued pain and efficacy of this medication, the request is medically necessary.

**Soma 350 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

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

**Decision rationale:** This patient presents with continued left shoulder pain. The provider is requesting a refill of Soma 350mg #60. The MTUS page 63 regarding muscle relaxants states,

"recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Review of the medical file indicates the patient has been taking Soma since at least 06/14/2013. In this case, muscle relaxants are not recommended for long-term use. Therefore the request is not medically necessary.

**MRI Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 208.

**Decision rationale:** This patient presents with continued left shoulder pain. The provider is requesting an MRI of the left shoulder. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." The progress reports provided for review do not discuss previous MRI of the shoulder. The Utilization review notes that the patient has had an MRI in the past, the date of the imaging and the results are not discussed. It appears it has been some time since patient's MRI as reports dating back 12/13/13 provide no discussions of prior imaging. In this case, the patient has an increase in pain in the last 2 weeks and at times cannot move her arm. However, the provider has not provided a course of conservative care, education/counseling to address the flare-up. There are no red flags, deterioration neurologically to consider another set of MRI. Given the patient's flare-up or worsening of symptoms for 2 weeks, the guidelines support conservative treatments first. Therefore the request is not medically necessary.