

<b>Case Number:</b>	CM14-0164783		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/25/2005
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine 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:

According to the submitted documents, this is a 54-year-old woman who was injured on 7/26/05. She injured her left shoulder while she was checking someone out at the check stand. She had surgery on 10/25/05. She reinjured it around 1/6/10 at work, she had diagnostic testing with MRIs, and another right shoulder surgery on 6/7/10. She had another surgery to the same shoulder on 5/2/11, which still did not help her. Reportedly because of this, she overused her left shoulder and started having left shoulder pain. An MRI of the neck was done, and there have been multiple MRIs of the shoulders including MR arthrograms. She has been treatment with multiple medications in topical analgesics. She has been prescribed opiate analgesics according to the documents provided since at least December 2012 when Nucynta was prescribed. There has been extensive physical therapy for the neck and bilateral shoulders. There is a 6/26/14 operative report for surgery on the left shoulder due to continued adhesive capsulitis that included manipulation and lysis of adhesions, and subacromial decompression. The disputed treatments being addressed are a prescription for Gaia herbs for constipation and Norco 10/325 mg #120 addressed in a utilization review determination letter from 9/17/14. She has been taking the Norco at the current requested dosing level since at least a 3/3/14 progress report. A 9/4/14 progress report from the Pain Management physician indicated that the patient was complaining of bilateral shoulder pain. She had finished her 12 postoperative physical therapy visits. Pain was 5/10, reportedly 3/10 with medications and 6/10 without medications. No shoulder exam is documented. Multiple diagnoses included bilateral shoulder impingement syndrome, adhesive and a capsulitis bilateral shoulders, bilateral shoulder pain, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, neuropathic pain, and prescription narcotic dependence. Treatment plan was to continue the home exercise program, multiple medications were refilled including Norco 10/325 1 tablet every 6 hours as needed #120 and Gaia Herbs one tablet in the

morning and 2 tablets at bedtime for constipation. She is also to continue MiraLAX for constipation. There is no mention in the report that the patient was having problems with constipation or what the response to the medications for constipation was. A 9/29/14 progress report noted that the patient was complaining of bilateral shoulder pain that was 8 of 10. The diagnoses were the same and the medications were refilled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gaia Herbs #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Presumption of correctness, Burden of Approved and the Strength of evidence Page(s): 28-34. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://gaiaprofessional.com/products/by\\_alpha/](http://gaiaprofessional.com/products/by_alpha/)

**Decision rationale:** According to the manufacturer's website noted above, these are herbal products purported to have a variety of medicinal uses. The website did not contain any references citing any scientific studies to support the efficacy of the various herbs in treating the conditions that they were said to be useful for. Search of the medical literature on [REDACTED] and [REDACTED] found no support in any peer-reviewed medical literature that showed that unspecified herbs are effective for treatment of constipation. MTUS guidelines, ODG guidelines and National Clearinghouse for Guidelines had no guidelines addressing use of herbs and treatment of constipation. MTUS guidelines only support medical treatment that is evidence-based and known to be effective following the hierarchy of evidence laid out in the MTUS guidelines. Therefore, the request for Gaia Herbs #1 is not medically necessary and appropriate.

#### **Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Long-term Users of Opioids (6-months or).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 74-75,78-79.

**Decision rationale:** Norco is one brand name for hydrocodone, an opiate combined with acetaminophen, an analgesic. Use of this medication has been for at least 5 months and opiate analgesics have been used since 2012. Despite the chronic use, patient has had an ongoing need for treatment without any documentation of functional benefit such as progress towards returning to work. She has been prescribed a number of different medications in addition to the opiates on monthly visits. MTUS guidelines state that opiates should be discontinued when there is no overall improvement in function which is also not documented in the reports. Thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically

indicated. Therefore, the request for Norco 10/325mg #120 is not medically necessary and appropriate.