

<b>Case Number:</b>	CM14-0174598		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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:

This patient is a 60 y/o male who has chronic left shoulder and left wrist pain subsequent to an injury dated 2/22/10. He has been treated with left shoulder surgery that included rotator cuff repair and labral repair. He is diagnosed with residual rotator cuff impingement and internal derangement of the left wrist and he declines further surgery. His current treatment consists of oral analgesics dispensed from the treating physician's office. There are no details regarding specific opioid benefits. Pain relief is reported at 50% for all of the meds. No functional improvements are noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 65.

**Decision rationale:** MTUS Guidelines do not recommend the chronic daily use of Norflex. There are no unusual circumstances to justify an exception to Guidelines. No significant spasms

are noted and limited use only during flare-ups is not documented. The Norflex 100mg #60 is not medically necessary.

**Anaprox DS #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67.

**Decision rationale:** MTUS Guidelines supports the use of NSAID medications if there are conditions associated with inflammation and benefits are reported. This patient meets these criteria. The Anaprox DS #60 is medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms and risk Page(s): 68.

**Decision rationale:** MTUS Guidelines do not support the routine use of Proton Pump Inhibitors medications unless there are specific side effects or risk factors associated with NSAID use. These conditions have not been documented. These are not benign medications with long term use associated with increased fractures, increased lung infections and dysregulation of biological metals. The daily chronic use of Prilosec is not Guideline supported and the Prilosec 20mg. #60 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

**Decision rationale:** MTUS Guidelines are very specific regarding the standards to support responsible prescribing of chronic opioids. These standards include specific screening for risk of and possible misuse, documentation of pain relief characteristics including how long it lasts and documentation of specific functional benefits. None of these standards are present in the documentation. Under these circumstances the chronic daily Norco 10/325mg #180 guideline supported and is not medically necessary.