

<b>Case Number:</b>	CM14-0180601		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 and is licensed to practice in North Carolina. 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 47-year-old female who reported an injury on 10/21/2002. The mechanism of injury was not provided. Her diagnoses were noted to include discogenic cervical condition, brachial plexus irritation on the left, impingement syndrome on the left and myofascitis of the left arm. Her past treatments were noted to include medication, TENS unit, heat therapy, cryotherapy, cervical pillow, medication, and Lidoderm patches. The MRI of the left shoulder on 04/23/2012 revealed moderate tendinopathy of the distal supraspinatus tendon, downward sloping acromion, subacromial bursitis, small glenohumeral effusion but no other specific abnormalities. During the assessment on 10/08/2014, the injured worker complained of persistent pain along the neck and the left upper extremity. She stated she had pain in the shoulder radiating down the arm, numbness and tingling as well as significant weakness. The physical examination revealed tenderness along the trapezius and shoulder girdle. Abduction in the left shoulder was no more than 90 degrees. Her medications were noted to include Norco 10/325 mg, Lidoderm patches 5%, Terocin patches, Protonix 20 mg, Nalfon 400 mg and Flexeril 7.5 mg. The treatment plan was to continue with the medication, TENS unit, and cervical pillow. The rationale for the Norco 10/325 mg, Flexeril 7.5 mg #60, Nalfon 400 mg #60, 1 cervical traction with air bladder, and 1 TENS pad was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

**Decision rationale:** The request for 1 prescription of Norco 10/325mg, #60 is not medically necessary. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The injured worker has been taking Norco 10/325mg since at least 05/2012. Additionally, there was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS (visual analog scale), average pain, intensity of pain, or longevity of pain relief. Furthermore, there was a lack of documentation regarding adverse effects and evidence of consistent results on the urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of Norco 10/325mg is not supported by the guidelines. Additionally, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.

**One prescription of Flexeril 7.5mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The request for 1 prescription of Flexeril 7.5mg, #60 is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous central depressant with similar effects to tricyclic antidepressants. There was no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been taking Flexeril 7.5mg since at least 05/2012. Due to the guidelines not recommending cyclobenzaprine for long term use, the request for 1 prescription of Flexeril 7.5mg, #60 is not medically necessary.

**One prescription of Nalfon 400mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69-70.

**Decision rationale:** The request for 1 prescription Nalfon 400mg, #60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs. There is no evidence of long term effectiveness for pain or function. The injured worker has been taking Nalfon 400mg since at least 10/08/2014. Additionally, there was no quantified information regarding pain relief, including a detailed assessment with the current pain on the VAS, average pain, intensity of pain or longevity of pain relief. Due to the guidelines not recommending the use of NSAIDs for long term use, the request is not medically necessary.

**One cervical traction device, with air bladder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The request for one cervical traction device, with air bladder is not medically necessary. The California MTUS/ACOEM Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. The clinical documentation provided did not indicate whether the injured worker was performing cervical traction combined with exercise techniques. Furthermore, the clinical documentation did not provide evidence of cervical radiculopathy. Therefore, the request for 1 cervical traction device, with air bladder is not medically necessary.

**One TENS pad:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

**Decision rationale:** The request for 1 TENS pad is not medically necessary. The California MTUS Guidelines state that TENS units are not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive option, if used as an adjunct to a program of functional restoration in certain conditions. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted prior

to use. There was no documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Due to the lack of information regarding the specific short and long term goals for treatment, the request for 1 TENS pad is not medically necessary.