

<b>Case Number:</b>	CM14-0034343		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/28/2005
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Texas. 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 45 year old male who was injured on 04/28/2005. The mechanism of injury is unknown. There were urine drug screenings for review. Progress report dated 03/27/2014 states the patient presented with complaints of pain along the neck, back, elbow/wrist and right knee. On exam, there is tenderness along the anterior/lateral deltoid. There is crepitation noted in the left shoulder. Impingement testing revealed evidence of obvious rotator cuff pathology. On examination, straight leg raise test is positive at 70 degrees on the right and positive at 80 degrees on the left. Supine straight leg raise test is positive at 70 degrees on the right and positive at 80 degrees on the left. There is tenderness along the prepatellar area. The examination of the wrist revealed positive Phalen's test bilaterally. Sensation was decreased along the C5-6 distribution in the upper extremities. The patient was prescribed Norco 10/325 mg, Motrin 800 mg, Xanax SR and Lidoderm patches. Ortho evaluation note dated 01/20/2014 states the patient presented for re-evaluation of his left shoulder. The patient continued to have occasional pain even with physical therapy with occasional weakness and stiffness. On exam, range of motion is from 0 to 165 degrees with forward flexion and abduction. Internal rotation is to the SI joint. Manual muscle testing is 4-/5 in all planes. The assessment is status post left shoulder diagnostic and operative arthroscopy on 08/30/2013, MRI of the left shoulder from 04/01/2013 revealing superior labral tear, and history of industrial injury to the left shoulder on 04/28/2005. The plan was physical therapy twice a week for the 6 weeks. Prior utilization review dated 02/20/2014 states the request for Alprazolam ER IMG #30 with 1 refill was not certified as the patient has utilized this medication for some time without improvement; therefore continued use of this medication is not medically necessary; Neurontin 300MG #90 with 1 refill is not certified as anti-epileptics for the treatment of neuropathic pain is not supported by the guidelines and Norco

10/325MG #120, with 1 refill is not certified as the patient has been utilizing this medication for some time and it has not provided him with functional improvement.

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

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

**Alprazolam ER IMG #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to California MTUS guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit their use to 4 weeks. The available medical records indicate that the patient has been prescribed Alprazolam (Xanax) since at least 1/2/2014. There is no documented indication to justify the prolonged use of the medication. Therefore, the medical necessity of Alprazolam has not been established.

**Neurontin 300MG #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants Page(s): 16-22.

**Decision rationale:** As per California MTUS guidelines, Anticonvulsants (antiepileptic) are recommended for neuropathic pain. Gabapentin (Neurontin) as one of this group; has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The available medical records do not address diagnosis that indicates neuropathic pain. Therefore, the medical necessity of Neurontin 300mg #90 with one refill has not been established.

**Norco 10/325MG #120, with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-criteria for Use Page(s): 76-96.

**Decision rationale:** According to California MTUS guidelines, Norco (Hydrocodone + Acetaminophen) as a short acting Opioid is recommended for chronic pain management. The

available medical records document that the patient has been prescribed Norco since at least 1/2/2014. To continue an ongoing treatment with opioids, the California MTUS guidelines indicate the following actions to be carried out: ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not document detailed subjective or objective functional improvement. Therefore, the requested Norco 10/325mg #120 1 refill is not medically necessary according to the guidelines.