

<b>Case Number:</b>	CM14-0038300		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/30/2002
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old female who has submitted a claim for chronic right shoulder and wrist pain associated with an industrial injury date of 06/30/2002. Medical records from 08/07/2013 to 07/30/2014 were reviewed and showed that patient complained of chronic right shoulder and wrist pain (grade not specified). Physical examination revealed well-healed incision scar over the right shoulder and wrist. Tenderness upon palpation over the right biceps and wrist incision site was noted. Decreased right shoulder ROM was noted. Grip strength was slightly decreased on the right side. MMT was 5-/5 for the right upper extremity. Orthopedic tests were positive for the right wrist. Treatment to date has included arthroscopic synovectomy, debridement on the rotator cuff, and resection of the distal clavicle, right shoulder (10/20/2003), bilateral wrist carpal tunnel decompressive surgery (procedure date not made available), right shoulder corticosteroid injection (12/18/2013), physical therapy, and pain medications. Utilization review dated 02/25/2014 denied the request for prescription of Norflex 100mg #30 since the guidelines do not recommend muscle relaxants for managing shoulder complaints. Utilization review dated 02/25/2014 modified the request for prescription of Norco 10/325mg #60 to Norco 10/325mg #45 for the purpose of weaning. Utilization review dated 02/25/2014 denied the request for prescription of Ultram ER 200mg #30 because there was no demonstrated benefit attributable to the use of opioids. Utilization review dated 02/25/2014 denied the request for prescription of 1 Toradol injection 60mg since it is not recommended for minor or chronic painful conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norflex 100mg #30: Upheld**

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

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

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They show no benefit beyond NSAIDs in pain and overall improvement. Also there is 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. In this case, the patient complained of right shoulder and wrist pain. Consequently, there was prescription of Norflex 100mg #30 since 01/13/2014. However, there was no documentation of pain relief or functional relief with Norflex use. Physical findings did not reveal the presence of muscle spasms. The long-term use of Norflex is not in conjunction with guidelines recommendation. It is unclear as to why variance from the guidelines is needed. Therefore, the request for 1 prescription of Norflex 100mg #30 is not medically necessary.

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

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

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

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Norco 10/325 mg #90 since 12/09/2013. There was no documentation of analgesia, improvement in function, or recent urine toxicology review to support the continuation of Norco use. Therefore, the request for 1 prescription of Norco 10/325 mg #60 is not medically necessary.

**1 prescription of Ultram ER 200mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

**Decision rationale:** According to page 82 of CA MTUS Guidelines, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of neuropathic cancer pain. In this case, the patient was prescribed Ultram ER 100mg #30 since 02/27/2014. However, there is no documentation of episodic exacerbations of severe pain to support the continuation of Ultram use. The patient's conditions do not meet the three circumstances for use of Ultram as first-line therapy at this point. Therefore, the request for 1 prescription of Ultram ER 200mg #30 is not medically necessary.

**1 toradol injection 60mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

**Decision rationale:** According to CA MTUS Chronic Pain Treatment Guidelines, Ketorolac (Toradol, generic available) 10 mg is not indicated for minor or chronic painful conditions. According to ODG pain Chapter, ketorolac [Boxed Warning] may be used as an alternative to opioid therapy when administered intramuscularly. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. In this case, Toradol injection was requested to alleviate chronic shoulder and wrist pain. The guidelines clearly state that Toradol intramuscular injection is not indicated for chronic painful conditions. Therefore, the request for 1 toradol injection 60mg is not medically necessary.