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| <b>Case Number:</b>   | CM14-0064686 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 04/29/2003 |
| <b>Decision Date:</b> | 11/04/2014   | <b>UR Denial Date:</b>       | 04/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/07/2014 |

### 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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 64 year old male with an injury date of 04/29/03. Per the 03/18/14 report by [REDACTED], the patient presents with pain in the shoulder, neck and arm with pain in the neck more significant than the shoulder. The patient has difficulty with sleep. The reports do not state if the patient is working. Examination of the left shoulder reveals severe tenderness, limited range of motion and swelling. There is tenderness to palpation over the left subacromial bursa. Examination of the cervical spine and neck shows, positive Spurling test, paraspinal muscle spasm present bilaterally and trapezius tenderness bilaterally. The patient's diagnoses include: Pain shoulder, left Pain, cervical Arthritis, cervical Other chronic pain Status post fall resulting in multiple injuries Sleep disturbance secondary to pain Multilevel multifactorial severe canal and foraminal stenosis of the cervical spine Recurrence of left shoulder supraspinous muscle tear Left subacromial bursitis. The following operative reports were included: Right shoulder arthroscopy 02/18/04; Right shoulder Inverse shoulder replacement 01/10/07; Left shoulder arthroscopy 04/29/09. Medications are listed as Norco, Terazosin, Omeprazole, Metoprolol Succinate, and Restoril. The utilization review being challenged is dated 04/07/14. Reports were provided from 02/18/04 to 03/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** The patient presents with shoulder, neck and arm pain with pain in the neck more significant than the shoulder. The treating physician requests for Norco 10/325. The reports provided show the patient has been taking this medication since before 08/26/13 with a possible hiatus of from 12/24/13 to 01/21/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician states that this medication is for analgesia as needed. In this case there is a lack of "pain assessment" measure documentation. The level of pain is not addressed in each report and no pain scales are used. No specific ADLs are mentioned to show a significant change of use with this medication. The treating physician does state that the patient has been compliant with the pain management controlled substance agreement. However, opiate management issues are not fully discussed. No urine toxicology reports are provided or discussed. In this case, there is not sufficient documentation of long term opioid use as required by MTUS. Therefore, the request is not medically necessary.

**Meloxicam 15mg:** 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 aquatic therapy, Medications for chronic pain Page(s): 22, 60, 61.

**Decision rationale:** The patient presents with shoulder, neck and arm pain with pain in the neck more significant than the shoulder. The treating physician requests for: Meloxicam (an NSAID). The reports provided show the patient started this medication 02/18/14. MTUS page 22 Anti-inflammatory medications supports this medication as a first line treatment for lower back pain and other chronic pain conditions. MTUS page 60 Medications for chronic pain further states, "A record of pain and function should be recorded." The treating physician states this medication is to help control inflammation over the left shoulder; however, the treating physician does not state the medication is helpful to the patient. The reports provided do not show a record of pain and function for this patient as required by MTUS. Therefore, the request is not medically necessary.

**Voltaren gel 1%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

**Decision rationale:** The patient presents with shoulder, neck and arm pain with pain in the neck more significant than the shoulder. The treating physician requests for Voltaren gel 1%. The reports provided show the patient started this medication 02/18/14. MTUS Topical Analgesics page 111 of the chronic pain section states the following: 'Largely experimental in use with few randomized controlled trials to determine efficacy or safety.' "There is little to no research to support the use of many of these agents." The treating physician states this medication is to help control inflammation over the left shoulder. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis and there is no diagnosis of this. Furthermore, the treating physician states use is intended for the shoulder and not a peripheral joint. Therefore, the request is not medically necessary.