

<b>Case Number:</b>	CM14-0077922		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/30/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 injured worker is a 59-year-old female who reported an injury on 05/30/2009 due to tripping on the carpet. The diagnoses were tear of the rotator cuff on the right shoulder, overuse syndrome, bilateral upper extremities, carpal tunnel syndrome, bilateral wrist, DeQuervain's tendinitis bilateral wrists, status post left DeQuervain's surgical release with mediocre results, bilateral trigger finger, 3rd fingers, bilateral 3rd trigger finger releases, 2008, tendinitis left ankle, Morton's neuroma, left 3 to 4 webspace, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc bulges L1-2 (two to 3 mm) and L5-S1 (three to 4 mm), musculoligamentous sprain of the cervical spine with upper extremity radiculitis, disc bulge at C3-4 (two mm), C4-5 (two to 3 mm), C5-6 (four to 5 mm), and C6-7 (two mm), status post diagnostic arthroscopy followed by open repair of the rotator cuff, left shoulder, 08/16/2011, capsulitis right shoulder, status post manipulation of right shoulder under general anesthesia, 05/15/2012, recurrent tear, rotator cuff right shoulder status post diagnostic arthroscopy, manipulation under general anesthesia with injection of Depo-Medrol followed by open repair of the rotator cuff, 5/09/2013, status post manipulation under general anesthesia. The past treatments for the injured worker were physical therapy, which she stated did not help, right wrist/thumb brace, H-Wave unit, trigger point injection to lumbar spine. The diagnostic studies were not submitted. Past surgeries were tendon release 2007 of the right thumb and wrist, left shoulder arthroscopy, manipulation of right shoulder under anesthesia, open repair of rotator cuff, cholecystectomy. The injured worker had a physical examination on 04/04/2014 where she stated she was not attending physical therapy, stated it did not help with her range of motion and strength. The pain level was reported with medications at 7/10 to 8/10. There were complaints of constant neck pain and stiffness. The injured worker stated that the pain radiated into the shoulder blades and down both arms with occasional numbness and tingling to both hands. The

right shoulder was stated as having constant pain. The objective findings were right shoulder abduction was to 150 degrees. The injured worker's medications were hydrocodone/APAP 5/325 one daily as needed for pain, omeprazole 20 mg 1 daily, tramadol 50 mg 1 or 2 four times a day as needed for pain, cyclobenzaprine 10 mg take 1 tablet 1 hour before bed. The treatment plan was for physical therapy 2 times per week for 8 sessions for strengthening of the right shoulder, and to continue home exercises and medications as directed. The rationale was not submitted. The Request for Authorization was submitted for review.

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

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

**Hydrocodone/APAP 5/325mg one daily PRN pain #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 65, Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Chronic Back Pain, Outcomes Measures Page(s): 78, 80, 81.

**Decision rationale:** The California Medical Treatment Utilization Schedule states for the ongoing review of an opioid medication therefore, there should be documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The medical guidelines have set forth 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The medical guidelines also state the use of opioid medication appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment in consideration of alternative therapy. It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. The measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following, 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. The observational evidence of improvement in activities of daily living and functional gains were not reported. The efficacy of this medication was not reported. Therefore, the request is not medically necessary.

**Cyclobenzaprine 10mg one 1 hour before HS #30:** 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 Page(s): 63, 64.

**Decision rationale:** The California Medical Treatment Utilization Schedule states muscle relaxants for pain are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain, 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Cyclobenzaprine is considered an antispasticity drug which is used to decrease spasticity in conditions such as cerebral palsy, multiple sclerosis, and spinal cord injuries. The medical guidelines suggest that muscle relaxants should only be used for a short-term treatment option. According to 1 of the notes provided within the document the injured worker has been taking cyclobenzaprine since 07/09/2013 which is longer than the guidelines recommend. The efficacy of this medication was not reported. Therefore, the request is not medically necessary.

**Omeprazole 20mg one daily #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule states to determine if a patient is at risk for gastrointestinal events they should be assessed for an age of 65 years or older, have a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or if they are taking a high dose/multiple NSAIDs. Omeprazole is a proton pump inhibitor and is used in the treatment of heartburn, gastroesophageal reflux disease. Omeprazole is a proton pump inhibitor used to treat heartburn, stomach ulcers and gastrointestinal events. It also helps to heal a damaged esophagus caused from excess stomach acid. It is available as an over-the-counter medication. There were no reports of gastrointestinal events or noted symptoms. There were no diagnoses to support the use of this medication. Therefore, the request is not medically necessary.