

<b>Case Number:</b>	CM14-0092361		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 63-year-old man who sustained a work-related injury on August 6, 2012. Subsequently, he sustained right shoulder, lower back, and fingers pain. According to a progress report dated May 7, 2014, the patient reported low back pain radiating into the right hip, right leg, and right shoulder pain. His physical examination of the right shoulder revealed a positive impingement sign with painful reduced range of motion. Lumbar examination showed lumbar tenderness with reduced range of motion, positive Lasegue bilaterally and positive straight leg raising on the right. The patient was treated for sprain/strain trigger finger release, right shoulder rotator cuff tear, lumbar discogenic disease L5-S1, and bilateral lower extremities radiculopathy. The patient has undergone a 21 month course of treatment for finger, shoulder, and back complaints, which has included opioid analgesics, muscle relaxants, TENS, trigger finger release, and other unspecified treatment interventions. The provider request authorization for Norco, Flexeril, and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to California (MTUS) guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains 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 behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work. There is no documentation of continuous follow up for compliance and the patient with his drugs and for the absence of misuse or aberrant behavior. Therefore, the prescription of Norco 10/325 mg #90 is not medically necessary.

**Flexeril 7.5mg QTY:30:** Upheld

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

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

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Flexeril is a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. In this case, Flexeril has been used since at least March 2013. This time frame of treatment exceeds the guidelines recommendation without clear efficacy: the patient continued to have spasm despite Flexeril use, which indicates a lack of treatment efficacy. Guidelines recommend the use of Flexeril for no more than 2-3 weeks. Therefore the request for authorization of Flexeril 7.5 mg is not medically necessary.

**Continue TENS unit QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS and therefore, there is no objective pain and functional gain resulting from the use of TENS. Therefore, the prescription of TENS unit is not medically necessary.