

<b>Case Number:</b>	CM14-0098838		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/31/2002
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Nevada. 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 records, presented for review, indicate that this 58-year-old female was reportedly injured on July 31, 2002. The mechanism of injury was listed as cumulative trauma. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of neck pain, left shoulder pain, and left upper extremity pain. Current medications include Lorzone, Norco, Silenor, Vimovo, aspirin, ibuprofen, levothyroxine, and Tylenol. Pain was rated at 6/10 without medications and 2/10 with medications. The physical examination demonstrated decreased range of motion of the cervical spine with spasms and tenderness over the left sided paravertebral muscles. There was also midline tenderness over C6 and C7. There was a negative Spurling's test. Examination of the left shoulder noted decreased range of motion with forward flexion of 105 ° and abduction to 100 °. There were a positive Hawkins test, Neer's test, Empty can test, and cross arm test. There was decreased sensation over the medial and lateral aspects of the hand in the lateral side of the left forearm. Diagnostic imaging studies of the cervical spine showed mild degenerative changes. A magnetic resonance imaging (MRI) of the left shoulder revealed tendinosis of the rotator cuff tendons and an incomplete articular surface tear of the supraspinatus tendon. Previous treatment included a left-sided supra-scapular nerve block and oral medication. A request had been made for Lorzone, Norco and Vimovo and was not certified in the pre-authorization process on May 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorzone 750mg #60:** 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 8 C.C.R. 9792.20 - 9792.26 Muscle relaxants (for pain) Page(s): 63-66 of 127.

**Decision rationale:** Lorzone is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations and this medication has been prescribed for an extended period of time. For these reasons, this request for Lorzone is not medically necessary.

**Norco 10/325 #90:** 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 8 C.C.R. 9792.20 - 9792.26 Muscle relaxants (for pain) Page(s): 63-66 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the ability to function or participate in activities of daily living with the current regimen. As such, this request for Norco is not medically necessary.

**Vimov 500/20mg #60:** 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 68-69 of 127.

**Decision rationale:** Vimovo is a combination medication of naproxen and omeprazole. Naproxen is an anti-inflammatory and omeprazole is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the California Medical

Treatment Utilization Schedule (MTUS). Therefore, this request for Vimovo is not medically necessary.