

<b>Case Number:</b>	CM14-0206392		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Maryland, District of Columbia  
 Certification(s)/Specialty: Internal Medicine

### 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 employee was a 39 year old female who sustained industrial injury on 06/28/13. The note from 10/17/14 was reviewed. Her subjective complaints included persistent neck, shoulder and lower back pain. Pain was 7-8/10 without medications. Pain in the neck was burning, radiating to the right shoulder. She had headaches and pain in the shoulder with repetitive activity. She also had persistent back pain radiating to the right hip. She continued to use Norco and felt that it made her sleepy. But she reported improvement of pain with it. She had received authorization for TENS unit. She was asking for another medication for muscle spasms. She was status post left subacromial steroid injection for left shoulder impingement in April 2014. An MRI of lumbar spine dated 02/19/14 showed multilevel degenerative disc disease of the lumbar spine. An MRI of the cervical spine dated 06/18/14 showed early degenerative changes of the cervical spine with borderline central spinal canal stenosis at C5-6. Pertinent objective findings included cervical paraspinal muscle stiffness noted on the motion of the spine, tenderness to the right shoulder on anterior and posterior aspect and tenderness and spasms noted at lumbar paraspinal muscles. Diagnoses included cervical degenerative disc disease, lumbar degenerative disc disease, cervical radiculopathy, left shoulder rotator cuff tear and left shoulder rotator cuff tendinitis. The plan of care included Norco PO BID 5/325mg and Ibuprofen 800mg PO BID. She was released back to modified work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5-325mg 1 tablet PO BID PRN #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids Page(s): 80.

**Decision rationale:** The employee was a 39 year old female who sustained industrial injury on 06/28/13. The note from 10/17/14 was reviewed. Her subjective complaints included persistent neck, shoulder and lower back pain. Pain was 7-8/10 without medications. Pain in the neck was burning, radiating to the right shoulder. She had headaches and pain in the shoulder with repetitive activity. She also had persistent back pain radiating to the right hip. She continued to use Norco and felt that it made her sleepy. But she reported improvement of pain with it. She had received authorization for TENS unit. She was asking for another medication for muscle spasms. She was status post left subacromial steroid injection for left shoulder impingement in April 2014. An MRI of lumbar spine dated 02/19/14 showed multilevel degenerative disc disease of the lumbar spine. An MRI of the cervical spine dated 06/18/14 showed early degenerative changes of the cervical spine with borderline central spinal canal stenosis at C5-6. Pertinent objective findings included cervical paraspinal muscle stiffness noted on the motion of the spine, tenderness to the right shoulder on anterior and posterior aspect and tenderness and spasms noted at lumbar paraspinal muscles. Diagnoses included cervical degenerative disc disease, lumbar degenerative disc disease, cervical radiculopathy, left shoulder rotator cuff tear and left shoulder rotator cuff tendinitis. The plan of care included Norco PO BID 5/325mg and Ibuprofen 800mg PO BID. She was released back to modified work. MTUS Chronic Pain Guidelines recommend continuing opioids if the patient has returned to work and if the patient has improved functioning and pain. The employee was being treated for left shoulder pain, neck pain and low back pain. She was noted to have improvement in pain and was working. She was using it for breakthrough pain. Even though functional improvement has not been clearly documented, the employee already meets two criteria for continuing opioids. So the request for Norco 5/325mg #60 is medically necessary and appropriate.

**Ibuprofen 800mg 1 tablet PO BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

**Decision rationale:** The employee was a 39 year old female who sustained industrial injury on 06/28/13. The note from 10/17/14 was reviewed. Her subjective complaints included persistent neck, shoulder and lower back pain. Pain was 7-8/10 without medications. Pain in the neck was burning, radiating to the right shoulder. She had headaches and pain in the shoulder with

repetitive activity. She also had persistent back pain radiating to the right hip. She continued to use Norco and felt that it made her sleepy. But she reported improvement of pain with it. She had received authorization for TENS unit. She was asking for another medication for muscle spasms. She was status post left subacromial steroid injection for left shoulder impingement in April 2014. An MRI of lumbar spine dated 02/19/14 showed multilevel degenerative disc disease of the lumbar spine. An MRI of the cervical spine dated 06/18/14 showed early degenerative changes of the cervical spine with borderline central spinal canal stenosis at C5-6. Pertinent objective findings included cervical paraspinal muscle stiffness noted on the motion of the spine, tenderness to the right shoulder on anterior and posterior aspect and tenderness and spasms noted at lumbar paraspinal muscles. Diagnoses included cervical degenerative disc disease, lumbar degenerative disc disease, cervical radiculopathy, left shoulder rotator cuff tear and left shoulder rotator cuff tendinitis. The plan of care included Norco PO BID 5/325mg and Ibuprofen 800mg PO BID. She was released back to modified work. The MTUS guidelines indicate that ibuprofen is recommended as a second line treatment after acetaminophen. It is usually recommended for a short period of time. The employee had tendonitis of shoulder with cervical and lumbar disc disease. She had been on anti-inflammatories and had improved pain and function with ability to work. The request for Ibuprofen 800mg twice daily is medically appropriate and necessary.