

<b>Case Number:</b>	CM15-0007804		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 39 year old male, who sustained an industrial injury on September 20, 2013, falling off a ladder about fifteen feet. He has reported persistent left shoulder pain and knee pain. The diagnoses have included chronic persistent left shoulder pain, left elbow and wrist pain since injury, and bilateral knee pain, worse on the tight side. Treatment to date has included physical therapy, injections, and medications. Currently, the injured worker complains of persistent left shoulder pain, and right knee pain. The Primary Treating Physician's report dated October 29, 2014, noted x-rays of the right knee that showed minimal osteoarthritis with minimal narrowing of the medial knee joint space. The Physician noted the injured worker had near full range of motion of the left shoulder with encouragement. A left shoulder MRI in December 2013, was noted to show tendinosis with partial thickness tear of the supraspinatus and infraspinatus tendons, tenosynovitis of the biceps, and mild arthritis of the AC joint. On December 12, 2014, Utilization Review non-certified Norco 10/325mg, sixty count, and Relafen 750mg, sixty count. The UR Physician noted a risk assessment profile and attempt at weaning/tapering were unavailable, and as opportunity for weaning had already been provided, it was expected that the injured worker had been completely weaned from the medication by that time, therefore, the request for Norco 10/325mg, sixty count was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that without evidence of objective functional benefit supporting the subjective improvement, medical necessity for the Relafen 750mg, sixty count, was not established, citing, the MTUS Chronic Pain Medical

Treatment Guidelines. On January 14, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg, sixty count, and Relafen 750mg, sixty count.

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

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

**Norco 10/325 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg sixty count is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function. The documentation indicates that the patient states that the Norco helps his pain, he participates in a home exercise program, and there are no side effects from the Norco. The documentation submitted also reveals that the patient has been on long term opioids without significant functional improvement. For this reason therefore the request for Norco 10/325mg is not medically necessary.

**Relafen 750 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Relafen 750mg sixty count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Relafen for an extended period without evidence of functional improvement. The request for continued Relafen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Relafen is not medically necessary without functional improvement. Furthermore, the documentation

indicated the patient has hypertension and elevated blood pressure (BP=165/105 on 7/24/14) and continued to be prescribed Relafen. The request is not medically necessary.