

<b>Case Number:</b>	CM15-0101370		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 49 year old male who sustained an industrial injury on 11/22/2010. The injured worker was diagnosed with degenerative cervical intervertebral disc, cervical spondylosis without myelopathy, brachial neuritis/radiculitis, rotator cuff syndrome, lateral epicondylitis, right long trigger finger and elbow sprain/strain. Treatment to date includes diagnostic testing, surgery, physical therapy, cervical epidural steroid injection (March 2014), shoulder injections, home exercise program, cervical traction and medications. The injured worker underwent right shoulder arthroscopic SLAP repair, subacromial decompression and distal clavicle excision on August 24, 2011. According to the primary treating physician's progress report on May 4, 2015, the injured worker continues to experience neck pain and stiffness with radiation to the upper back and down both arms associated with numbness and tingling in the arms and hands. The injured worker also reports headaches and bilateral shoulder pain. Examination of the cervical spine demonstrated decreased range of motion with some pain at end motion particularly on the right side. Tenderness was documented over the cervical spinous processes, bilateral paraspinal muscles, trapezius muscles and the bilateral nerve roots. Right side was more tender than left side. Examination of the right shoulder revealed decreased range of motion with no tenderness to palpation. Rotational impingement was minimally positive. There was no evidence of instability with grade 4 weakness of the external and internal rotator cuff and the supraspinatus muscle. The left shoulder noted mild decreased in range of motion without tenderness. The rotational and overhead impingement tests were mildly positive with minimal evidence of anterior instability. The left elbow demonstrated full range of motion with tenderness at the

lateral epicondyle and common extensor tendon with good motor strength. Trigger point injections were administered at the office visit in the upper back at the right trapezius muscle and in the right parascapular area. Current medications are listed as Norco, Ultram, Soma, Motrin, Imitrex and Xanax. Treatment plan consists of home exercise program, medication regimen, modified work duties, trigger finger release intervention and the current request for Norco and Imitrex.

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

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

**Imitrex 25mg, QTY: 9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, imitrex.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the acute treatment of migraine headaches. The patient has complaints of headaches but no diagnosis of migraine headaches associated with industrial accident. Therefore, the request is not medically necessary.

**Norco 10/325mg, QTY: 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (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. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.