

<b>Case Number:</b>	CM15-0106897		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: California  
 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 41 year old male, who sustained an industrial injury on 01/21/2013. He slipped on ice on the road, falling backwards and bracing himself against the fall by his outstretched right arm that was behind him. Following the injury, he had cervical, right shoulder and right arm pain. He was diagnosed with thoracic pain and strain, right shoulder and trapezius sprain and a derangement of the shoulder joint. Treatment to date has included x-rays of the thoracic spine and right shoulder, MRI of the right brachial plexus and right shoulder, MRI of the brain, intra-articular injection and aspiration, nerve conduction velocities and electromyography, medications, shoulder surgery, physical therapy and right elbow ulnar nerve release. According to a progress report dated 04/20/2015, current complaints included right shoulder pain status post-surgery, neck pain intermittent, upper back, mid back and low back pain, recent onset of daily headaches especially at night and mostly right-sided and right elbow pain and numbness in the right hand, diagnosed as cubital tunnel syndrome. Right shoulder pain was rated 4 on a scale of 1-10. Cervical pain was rated 1 and thoracic and lumbar spine pain was rated 5. Pain was decreased to about a 3 with medications. Diagnoses included 1. Right shoulder strain with impingement clinically with MRI negative for any significant abnormality except osteoarthritic changes in the AC joint and joint effusion in the glenohumeral joint. 2. Cervical strain with intermittent symptoms, MRI of the brachial plexus and cervical spine essentially negative and dated 03/21/2013. 3. Thoracic strain with intermittent symptoms. 4. Lumbar sprain with intermittent symptoms. 5. Right upper extremity numbness initially now with recurrence and localized numbness in the ulnar nerve distribution medial forearm and fourth and fifth digits i.e. tardy ulnar neuropathy of the elbow. 6. Headaches, probably muscle contraction headaches

due to diagnoses one and two. The injured worker was temporarily totally disabled for the next four weeks. Recommendations included MRI of the cervical spine, electrodiagnostic studies of both upper extremities, Naproxen Sodium, Zanaflex and Norco. Urine toxicology screening on 06/16/2014 was appropriate and positive for hydrocodone but negative for illicit medications i.e. prescribed opioids. Currently under review is the request for Zanaflex, Norco and Naproxen Sodium.

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

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

**Zanaflex 2mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Relaxants for chronic pain Page(s): 63-65.

**Decision rationale:** This patient receives treatment for chronic pain involving the shoulders, neck, and head. This relates back to an industrial injury dated 01/21/2013. The patient's diagnoses include brachial plexus injury R shoulder, s/p R shoulder surgery, L shoulder injury, daily headaches, thoracic and lumbar back pain, and R elbow cubital tunnel syndrome. This review addresses refills of Zanaflex. Zanaflex is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Zanaflex over the long-term (more than 2-3 weeks) is not recommended. This medication is associated with significant side effects, including somnolence, dizziness, dry mouth, weakness, and liver injury. There are no laboratory tests showing that monitoring has occurred. The documentation does not make clear which of the chronic pain issues are being treated with Zanaflex. Based on the documentation, Zanaflex is not medically necessary.

**Norco 10/325mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic pain involving the shoulders, neck, and head. This relates back to an industrial injury dated 01/21/2013. The patient's diagnoses include brachial plexus injury R shoulder, s/p R shoulder surgery, L shoulder injury, daily headaches, thoracic and lumbar back pain, and R elbow cubital tunnel syndrome. This review addresses a request for refills of Norco 10/325 mg #60. Norco contains hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are

not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. In addition, one of the major causes of daily headaches is analgesic withdrawal headaches, which this patient already has. Based on the documentation treatment with Norco is not medically necessary.

**Naproxen Sodium 550mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** This patient receives treatment for chronic pain involving the shoulders, neck, and head. This relates back to an industrial injury dated 01/21/2013. The patient's diagnoses include brachial plexus injury R shoulder, s/p R shoulder surgery, L shoulder injury, daily headaches, thoracic and lumbar back pain, and R elbow cubital tunnel syndrome. This review addresses a request for refills of naproxen 550 mg #60. Naproxen is an NSAID. NSAIDs are recommended as one of the treatment options for the short-term management of neck pain and other musculoskeletal injuries. In the clinical setting of chronic neck pain, NSAIDs are best suited to treat exacerbations of chronic neck pain. Long-term NSAID use is associated with complications, which include delayed healing of soft tissues, GI bleeding, and exacerbations of chronic kidney disease, and heart failure. One of the major causes of daily headaches is analgesic withdrawal headaches, which this patient already has. The documentation does not address clinical monitoring of these potential harms from this medication. Ongoing use of naproxen is not medically necessary.