

<b>Case Number:</b>	CM15-0017927		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	05/14/2009
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old male, who sustained an industrial injury on May 14, 2009. The injured worker has reported a left shoulder injury. The diagnoses have included left shoulder impingement syndrome, labral tear post repair in 2010 and chronic pain syndrome. Treatment to date has included pain management, x-rays, topical analgesics, physical therapy, a transcutaneous electrical nerve stimulation unit, home exercises, heat and cold therapy and an MRI of the left shoulder. Current documentation dated December 29, 2014 notes that the injured worker complained of persistent left shoulder pain and weakness. Associated symptoms included numbness and tingling down the left arm. Physical examination revealed tenderness along the left shoulder rotator cuff and biceps tendon and weakness with abduction. He also had a positive impingement sign. On January 14, 2015 Utilization Review non-certified a request for a left shoulder MR Arthrogram and modified requests for Vicodin 5/300 mg # 60, retrospective Flexeril 7.5 mg # 60 and retrospective Tramadol ER 150 mg # 30. The MTUS, ACOEM Guidelines and Chronic Pain Medical Treatment Guidelines, were cited. On January 30, 2015, the injured worker submitted an application for IMR for review of a left shoulder MR Arthrogram, Vicodin 5/300 mg # 60, retrospective Flexeril 7.5 mg # 60 and retrospective Tramadol ER 150 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Vicodin (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing left shoulder pain and left arm numbness and tingling. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion describing how long the benefit from this specific medication lasted, how often it was needed and used, how it was determined the lowest dose was prescribed, or the amount of time it took to achieve pain relief. Further, the request was made for an indefinite supply of medication, which does not account for potential changes in the workers overall health or treatment needs. In the absence of such evidence, the current request for an indefinite supply of Vicodin (hydrocodone with acetaminophen) 5/300mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**MR Arthrogram of the Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202, 208-209, 214.

**Decision rationale:** The ACOEM Guidelines support the limited use of MR arthrography in diagnosing rotator cuff tears in some cases but stresses that MRI is the generally preferred study due to the lower risk of complications. The submitted and reviewed documentation indicated the worker was experiencing left shoulder pain and left arm numbness and tingling. There was no discussion detailing why the MR arthrography was preferred or describing special circumstances

that sufficiently supported this request. In the absence of such evidence, the current request for a MR arthrogram of the left shoulder is not medically necessary.

**Fexmid Tablets, 7.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

**Decision rationale:** Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the workers function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing left shoulder pain and left arm numbness and tingling. These records indicated the worker had been taking this medication for at least several months, and there were no discussion detailing extenuating circumstances that would support the recommended long-term use. There also was no suggestion that the worker was having a new flare of lower back pain. Further, the request was made for an indefinite supply of medication, which does not account for potential changes in the workers overall health or treatment needs. In the absence of such evidence, the current request for an indefinite supply of Fexmid (cyclobenzaprine) 7.5mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Tramadol ER, 150mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Tramadol-ER is a long-acting medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or

addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing left shoulder pain and left arm numbness and tingling. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication, a detailed individualized risk assessment was not provided, and there was no documented exploration of potential negative effects. Further, the request was made for an indefinite supply of medication, which does not account for potential changes in the worker's overall health or treatment needs. In the absence of such evidence, the current request for an indefinite supply of tramadol-ER 150mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.