

<b>Case Number:</b>	CM15-0131652		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	08/28/1997
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 injured worker is a 57 year old female who sustained an industrial injury on August 28, 1997. On June 08, 2015, the injured worker was seen for an Agreed Medical Re-evaluation. She reported bilateral shoulder, bilateral knee and bilateral forearm pain. In the past, she had multiple surgeries to include the knee and shoulder. Bilateral knee pain was slight and intermittent on the right and moderate and frequent on the left. Bilateral shoulder pain was moderate to severe on the right and slight to moderate and frequent on the left. Bilateral forearm pain was moderate and intermittent on the right and slight and intermittent on the left. Objective factors included shoulders with healed arthroscopic portals, loss of range of motion, global tenderness and positive impingement of the right shoulder. Knees had healed arthroscopic portals, healed scars from the total knee replacement, loss of range of motion and varus and valgus laxity. She reported difficulties with dressing, washing and drying self, lifting a full glass to her mouth, opening a new milk carton, combing hair and making a meal and she was unable to take a bath. She was unable to climb five flights of stairs or stand, walk or sit for 30 minutes. She reported much difficulty with rising from a chair, running errands and performing light chores at home. She also reported much difficulty with restful sleep and sleep pattern. The injured worker remained temporarily totally disabled. The provider noted that the injured worker needed a referral to a shoulder surgeon and that the significant loss of range of motion and dysfunction warranted further surgical consideration. According to a progress report dated June 24, 2015, there were no acute changes to her pain condition. She continued to feel pain in her bilateral knees, bilateral shoulders, bilateral arms and elbow. Both shoulders were very bothersome, right

greater than the left side. She had completed 8 sessions of physical therapy for her shoulders since her last visit. It had helped with strength but she continued to have ongoing pain. She could only do activities with her arms when she was taking medications. She could not lift 5 pounds with her arms as it aggravated her pain. She was having more pain in her left knee. She used a brace for balance. Pain was rated 5 on a scale of 1-10 with medications and 9-10 without medications. Medications improved pain for 4-5 hours. Current medications included Celebrex, Norco, Soma, Lyrica and Protonix. Soma really helped her shoulder pain. She reported some constipation and drowsiness with her medications. Examination of the shoulders demonstrated painful movement with flexion beyond 150 degrees and abduction beyond 160 degrees. Crank's test was negative. O'Brien's test was negative. On palpation, tenderness was noted in the acromioclavicular joint and glenohumeral joint. Examination of the knees demonstrated tenderness to palpation over the lateral joint line and patella. No joint effusion was noted. McMurray's test was negative. Bounce test was negative. Diagnoses included pain in joint shoulder, pain in joint of lower leg and enthesopathy of knee. The injured worker had an MRI of her shoulders a few years back, but the provider was unable to obtain the report. The treatment plan included continuation of medications, hold off on further physical therapy, bilateral shoulder MRI with and without contrast, referral for a surgical evaluation of her shoulders, consideration of a psych consult if there is evidence of depression, anxiety or irritability and consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or if pain does not improve on opioids in 3 months. On March 31, 2015, the provider noted that CURES report and urine was with normal and accepted limits of what she was taking. Urine drug screens were not submitted for review. Currently under review is the request for Norco 10-325 mg #120, Protonix 40 mg #30, Soma 350 mg #60 and bilateral shoulder MRI with and without contrast. Documentation submitted for review dated back to December 31, 2014 and showed continued use of Norco, Protonix and Soma.

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

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of Opioids. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/pain.htm#>, Weaning opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids, and Long-term users of opioids Page(s): 9, 78 and 88.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS guidelines state that on-going management of opioid therapy should include 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

the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Pain and functional improvement should be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, documentation shows long-term use of opioids. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Muscle Relaxants, Carisoprodol (Soma) Page(s): 9 and 63-65.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. In regards to Carisoprodol (Soma, Soprodal 350, Vanadom, generic available), guidelines stated neither of these formulation are recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to Meprobamate an anxiolytic that is a scheduled IV control substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. In this case, documentation shows long-term use of Soma which is not recommended by MTUS guidelines. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**Protonix 40mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Pain Chapter-Proton Pump Inhibitors.

**Decision rationale:** According to CA MTUS (2009), Proton Pump Inhibitors (PPI), such as Omeprazole is recommended for patients taking NSAIDs (non-steroidal anti-inflammatory drugs) with documented GI (gastrointestinal) distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. Official Disability Guidelines (ODG) states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. Decision to use proton pump inhibitors long-term must be weighed against the risks. In this case, documentation shows long-term use of Protonix. Records does not show documented gastrointestinal distress symptoms or specific gastrointestinal risk factors. There was no discussion of efficacy with treatment. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**(B) Shoulder MRI with and without contrast:** 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), Magnetic resonance imaging (MRIs).

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

**Decision rationale:** Per ACOEM guidelines the primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The documentation shows that the IW is neurologically intact, and there is no mention of possible surgery. The request is not medically necessary.