

<b>Case Number:</b>	CM15-0143126		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/20/2007
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Anesthesiology

### 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 female, who sustained an industrial injury on August 20, 2007. The injured worker was diagnosed as having bursitis of the hip, derangement of the knee joint, lumbago, myofascial pain dysfunction syndrome, arthralgia of the hip, and pain in the shoulder. Treatments and evaluations to date have included home exercise program (HEP), heat, ice, knee surgeries, and medication. Currently, the injured worker reports low back pain, neck pain, and joint pain. The Treating Physician's report dated July 1, 2015, noted the injured worker with chronic pain, the low back pain severity level rated a 6, occurring in the lower back, gluteal area, legs, and neck, and joint pain rated a 6 occurring in the bilateral knees. The injured worker's current medications were listed as Xanax, Norco, Fentanyl patch, and ibuprofen. Physical examination was noted to show tenderness to the right shoulder with painful range of motion (ROM) extremes. The Physician noted that based on the history and physical examination the injured worker would benefit from a right shoulder injection. The treatment plan was noted to include medications including Norco, Fentanyl patch, Ibuprofen, and Xanax, along with the right shoulder injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The documentation provided did not include documentation of a pain assessment that included the injured worker's least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Norco, how long it takes for pain relief, or how long the pain relief lasts. The documentation provided lacked documentation of chronic opioid use monitoring, including a pain agreement with the injured worker or urine drug screening. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Ibuprofen 800mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain 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. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines note

there is no evidence of long-term effectiveness for pain or function with use of non-steroid anti-inflammatory drugs. "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The injured worker was noted to have been prescribed Ibuprofen since at least January 2015, without documentation of improvement in pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical treatment with the long term use of the Ibuprofen. The documentation provided did not include any laboratory evaluations or indication of monitoring the injured worker's liver or kidney functions. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Right shoulder injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** According to ACOEM guidelines, subacromial injection may be indicated after a trial of conservative treatment when there is continued pain with rotation that significantly limits activities. ODG states that the indications for injection include adhesive capsulitis, impingement syndrome, or rotator cuff problems. Injection may be an option when conservative treatment of at least 3 months fails to control symptoms and pain interferes with functional activities. In this case, there are no subjective or objective findings reported or specific indication for the right shoulder injection. In addition, the physician failed to identify the substance to be injected. Medical necessity for the requested shoulder injection has not been established. The requested procedure is not medically necessary.

**Xanax 2mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Alprazolam (Xanax).

**Decision rationale:** Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In this case, the injured worker was noted to have been

prescribed the Xanax since at least January 2015 as needed for anxiety without documentation of the frequency of use or the efficacy of the medication. The injured worker was noted to have also been prescribed opioid medication without indication of monitoring for potential adverse effect with the combined use of the Xanax. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.