

<b>Case Number:</b>	CM15-0186029		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51-year-old female who sustained an industrial injury September 19, 2006. Diagnoses are left shoulder pain; rotator cuff tendonitis; partial rotator cuff tear; neck, low back, and hip pain. Past treatment included medication, acupuncture, and a TENS (transcutaneous electrical nerve stimulation) unit. According to a primary treating physician's progress report dated August 12, 2015, the injured worker presented with complaints of persistent left shoulder pain, rated 7 out of 10. The pain radiates to the left arm and is associated with burning pain in the scapular region. She also complains of neck pain. Current medication included Norco 5-325mg, ibuprofen and Gabapentin (also noted on 07-01-15, 05-28-2015, 4-22-15, in the primary treating physician's progress notes). The treating physician noted the injured worker was taking Norco 10-325mg in February 2014. Objective findings included; grossly protective of left upper extremity-tenderness in the left acromioclavicular joint and glenohumeral joint; left shoulder abduction 150 degrees, forward flexion 160 degrees, strength 4+ out of 5 in the left shoulder abduction and forward flexion. Treatment plan included continuing home exercise program, and at issue, a request for authorization dated August 13, 2015, for Norco, ibuprofen and Gabapentin. According to utilization review dated August 24, 2015, the request for Norco 5-325mg #30 is non-certified. The request for ibuprofen 600mg #60 is non-certified. The request for Gabapentin 300mg #60 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Norco 5/325mg quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.

**Ibuprofen 600mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Ibuprofen 600mg quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Ibuprofen for an extended period without evidence of functional improvement and with persistent pain. The request for continued Ibuprofen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Ibuprofen is not medically necessary.

**Gabapentin 300mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Gabapentin 300mg quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of

antiepileptics such as Gabapentin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin without any significant evidence of functional improvement on the documentation submitted. Therefore, the request for continued Gabapentin is not medically necessary.