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| <b>Case Number:</b>   | CM15-0189121 |                              |            |
| <b>Date Assigned:</b> | 10/01/2015   | <b>Date of Injury:</b>       | 02/29/1996 |
| <b>Decision Date:</b> | 12/09/2015   | <b>UR Denial Date:</b>       | 09/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2015 |

### 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: North Carolina, Georgia  
 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:

This is a 68-year-old female with a date of industrial injury 2-29-1996. The medical records indicated the injured worker (IW) was treated for asthma; COPD; subacromial bursitis, right, possible rotator cuff tear; chronic pain; and chronic major depression. In the progress notes (6-17-15 and 8-26-15), the IW was seen for a follow-up appointment for pain and depression related to her chronic pain. She complained of worsening right shoulder pain with motion that began in pulmonary rehab. She had physical therapy within the last two months with continued complaints of right shoulder pain; a cortisone injection helped the pain for three days. Medications included Cymbalta, Daliresp, Endocet (since at least 2-2015), Omeprazole, oxygen, ProAir HFA, Tizanidine and Zanaflex. She was also taking Advil. On examination (8-26-15 notes), there was tenderness over the right shoulder on palpation. Active abduction and active flexion was 85 degrees, with pain. Sensation and reflexes of the upper extremities was normal, but strength was reduced in the right hand. Treatments included physical therapy, cortisone injection for the right shoulder, massage therapy and medications. She was also tested for sleep apnea and the notes stated she was found to be "borderline". Pulmonary function testing on 8-5-15 showed "no significant change" from testing the previous year. The treatment plan included continuing current medications and referral for orthopedist for the right shoulder. There was no documentation of a pain management contract and no urine toxicology results available for review. A Request for Authorization was received for Endocet 10-325mg twice daily, #60; Advil 200mg four times daily #100; Daliresp 500mcg daily, #90 with three refills and ProAir HFA 108, 2 puffs every four to six hours. The Utilization Review on 9-10-15 non-certified the request for Endocet 10-325mg twice daily, #60; Advil 200mg four times daily #100; Daliresp 500mcg daily, #90 with three refills and ProAir HFA 108, 2 puffs every four to six hours.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Advil 200mg QID #100:** 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).

**Decision rationale:** CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for ibuprofen 200 mg qid #100 is not accompanied by any information about response to treatment in improvement in pain or function. Ibuprofen 200 mg qid #100 is not medically necessary.

**Daliresp 500mcg 1 tab p.o. QD #90 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23117188>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LexiComp, Daliresp, 2015.

**Decision rationale:** CA MTUS does not address the use of Daliresp. Lexicomp describes the appropriate use of Daliresp to reduce the frequency of exacerbation in severe COPD. The beneficiary does have a diagnosis of COPD but the submitted records do not address the frequency or severity of any exacerbations and do not adequately describe any indication for Daliresp. Based on the submitted records, Daliresp is not medically necessary.

**Endocet 10/325mg 1 tab p.o. BID #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): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Endocet, for the management of chronic pain and outlines clearly the documentation that would support the need

for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Endocet. The request is not medically necessary.

**Pro Air HFA 108, 2 puffs Q4-6H:** 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), Albuterol (Ventolin).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LexiComp, 2015, Salbutamol.

**Decision rationale:** CA MTUS does not address the use of ProAir HFA. An alternate source (Lexicomp) was consulted. ProAir (salbutamol) is indicated for the use of bronchospasm and asthma and chronic obstructive lung disease. The claimant has a diagnosis of COPD but the medical record does not address the usage pattern of ProAir or the response to treatment. Lacking this documentation, ProAir HFQ 108, 2 puffs q 4-6 hours is not medically necessary.