

<b>Case Number:</b>	CM15-0035702		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old male who reported an injury on 11/26/2012. The diagnoses included brachial neuritis or radiculitis NOS. The injured worker underwent an MRI of the left shoulder without contrast. The mechanism of injury was not provided. The surgical history included a rotator cuff repair. There was a Request for Authorization submitted for review dated 02/17/2015. The documentation of 02/11/2015 revealed the injured worker had neck pain, low back pain and right shoulder and right hip pain. The pain level was noted to have increased. The injured worker indicated his pain with medications was a 7/10 and without medications was a 9/10. The injured worker denied any other symptoms or side effects. Quality of sleep was poor. The injured worker was not trying other therapies for pain relief. Activity level had remained the same and quality of life had remained the same. The current medications included Neurontin 800 mg 1 tablet 4 times a day, Duragesic 75 mcg per hour 1 patch every 3 days, Flexeril 10 mg 1 tablet twice a day, Ambien 10 mg 1 tablet at bedtime, Norco 10/325 mg 1 three times a day and Lidoderm 5% patches 1 daily. Prior therapies included epidural steroid injections. The injured worker underwent urine drug screens. The diagnoses included right and left carpal tunnel syndrome and bilateral cubital tunnel syndrome. The injured worker underwent an MRI of the lumbar spine. The injured worker underwent radiofrequency ablation in the cervical and lumbar spine. The surgical history included a lumbar spine decompression surgery and right hip replacement surgery. The physical examination revealed decreased range of motion in the cervical spine and lumbar spine. The injured worker had decreased sensation over in the left upper extremity. The injured worker was noted to continue to have a high level of pain in his

neck, tingling and numbness in his bilateral upper extremities radiating into his hands. The treatment plan included a refill of medications.

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

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

**Duragesic 75 mcg/hr patch #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had objective decrease in pain and was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of an objective improvement in function. Additionally, the daily morphine equivalent dosing would be 210 mg which exceeds the maximum of 120 mg as recommended. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Duragesic 75 mcg per hour patch #10 is not medically necessary.

**Norco 10/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation of an objective decrease in pain. However, the daily morphine equivalent dosing would be 210 mg, which exceeds guideline recommendations. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #90 is not medically necessary.

**Flexeril 10 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg #60 is not medically necessary.