

<b>Case Number:</b>	CM15-0045619		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/09/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 56-year-old female who sustained an industrial injury on 11/9/99. The mechanism of injury was not documented. The 10/27/14 treating physician report cited neck and left shoulder pain down to the scapula with tingling and exhaustion after working her shift as a bus driver. She was driving more with her right arm now and had no tingling. Physical exam documented no trapezial spasms, left paracervical spasms, symmetrical deep tendon reflexes, left shoulder range of motion 120/120, and negative arc. The diagnosis was left rotator cuff tear. The treatment plan recommended restart of Norco and Flexeril. The injured worker was working full duty. The 1/26/15 treating physician report indicated the shoulder felt less fatigued. Soma helped and Norco provided 40% pain relief, but she was unable to take medications and work. Physical exam documented left pectoralis major spasms at insertion, equivocal arc, equivocal impingement signs, and decreased abduction/flexion secondary to pain. The treatment plan recommended continued Norco and Soma, and noted approval for a left shoulder MRI was pending. The 2/23/15 treating physician report cited imaging findings that the cuff was re-torn and retracted. Physical exam documented continued painful left shoulder with decreased abduction and flexion. The treatment plan requested mini-open left shoulder rotator cuff repair, and refilled Norco and Soma. She was to continue full duty. The 3/3/15 utilization review non-certified the request for left shoulder open rotator cuff repair as there was no MRI studies submitted to discuss the severity of the rotator cuff pathology or documentation of conservative treatment trial and failure. The request for Norco was non-certified as there was no documentation of objective functional improvement and guideline related medication management

documentation to support on-going use. Prior weaning was recommended 12/18/14. The request for Soma was non-certified as long-term use was not recommended and there was no objective functional benefit documented. Partial certification was previously noted 12/18/14 to allow for weaning.

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

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

#### **Left RC repair open 23 Hour Stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for rotator cuff repair.

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears, surgery is reserved for cases failing conservative treatment for 3 months. The Official Disability Guidelines for rotator cuff repair of partial thickness tears generally require 3 to 6 months of conservative treatment, plus painful arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, rotator cuff or anterior acromial tenderness, and positive impingement sign with a positive diagnostic injection test. Criteria include imaging evidence of a rotator cuff deficit. Guideline criteria have not been met. This patient presents with persistent left shoulder pain. She is tolerating full duty status. There is no current clinical documentation of a painful arc, positive impingement signs, pain at night, or weak/absence abduction. There is no documentation of a positive diagnostic injection test. There is no imaging report available to document the severity or location of the rotator cuff tear. Detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

#### **Norco 10/325mg 1 tablet by mouth every 3 to 6 hours as needed #80: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

**Decision rationale:** The California MTUS guidelines support the use of hydrocodone/acetaminophen (Vicodin) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. On-going management requires review and documentation

of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for on-going use of Norco in the absence of guideline required documentation. This patient has been prescribed Norco since 10/27/14. She reports a 40% reduction in pain with use of this medication, when she is not working. There is no documentation of a functional improvement relative to medication use. Prior weaning has been recommended based on a lack of documented functional benefit. Therefore, this request is not medically necessary.

**Soma 350mg 1 tablet by mouth 3 times daily #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29, 63.

**Decision rationale:** The California MTUS guidelines do not recommend the use of Soma and state that it is not indicated for use longer than a 2 to 3-week period. In general, guidelines recommend the use of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guidelines recommend tapering of this medication individualized for each patient. Guideline criteria have not been met for continued use. This patient has been prescribed Soma since 12/8/14. There is no compelling reason to support the medical necessity of continued use in the absence of guideline support. Weaning has been previously recommended on 12/18/14. Therefore, this request is not medically necessary.