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| <b>Case Number:</b>   | CM15-0082274 |                              |            |
| <b>Date Assigned:</b> | 05/04/2015   | <b>Date of Injury:</b>       | 04/07/1999 |
| <b>Decision Date:</b> | 07/07/2015   | <b>UR Denial Date:</b>       | 03/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/29/2015 |

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female of unspecified age who sustained an industrial injury on 04/07/1999. On provider visit dated 02/25/2015 the injured worker has reported right knee, right shoulder and back pain. On examination, she was noted to have trigger points palpated in the splenius capitis region, upper and lower trapezius region and sternocleidomastoid area. Lower extremities were noted to have paresthesia along the medial aspect of the right and left leg. The diagnoses have included adhesive capsulitis of the right shoulder, internal derangement of the right shoulder and cervicobrachial syndrome on the right. Treatment to date has included injections, MRI, home exercise program, H wave and medication. The provider requested Colace 100mg, Cymbalta 30mg, Norco 10/325mg, Protonix DR 20mg, and Soma 350mg for symptom management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100 mg #60:** 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 Opioids  
Page(s): 77.

**Decision rationale:** The injured worker sustained a work related injury on 04/07/1999. The medical records provided indicate the diagnosis of adhesive capsulitis of the right shoulder, internal derangement of the right shoulder and cervicobrachial syndrome on the right. Treatment to date has included injections, MRI, home exercise program, H wave and medication. The medical records provided for review do not indicate a medical necessity for Colace 100 mg #60. Colace (Docusate) is a stool softener. The records indicate the injured worker has been taking this medication at least since 01/2015. The MTUS recommend the prophylactic treatment of constipation in individuals on opioids. The medication is no longer necessary because the opioid medication has been determined to be not be medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 04/07/1999. The medical records provided indicate the diagnosis of adhesive capsulitis of the right shoulder, internal derangement of the right shoulder and cervicobrachial syndrome on the right. Treatment to date has included injections, MRI, home exercise program, H wave and medication. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #180. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking this medication at least since 01/2015 without overall improvement in pain and function. The injured worker is not properly monitored for aberrant behavior. Therefore, the requested medical treatment is not medically necessary.

**Cymbalta 30 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**Decision rationale:** The injured worker sustained a work related injury on 04/07/1999. The medical records provided indicate the diagnosis of adhesive capsulitis of the right shoulder, internal derangement of the right shoulder and cervicobrachial syndrome on the right. Treatment to date has included injections, MRI, home exercise program, H wave and medication. The medical records provided for review do not indicate a medical necessity for Cymbalta 30 mg #30. Cymbalta (duloxetine) is an antidepressant. The MTUS recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The MTUS recommends that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The medical records indicate the injured worker has been using this medication at least since 01/2015 but with no overall improvement. Therefore, the requested medical treatment is not medically necessary.

**Soma 350 mg #180:** 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 (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on 04/07/1999. The medical records provided indicate the diagnosis of adhesive capsulitis of the right shoulder, internal derangement of the right shoulder and cervicobrachial syndrome on the right. Treatment to date has included injections, MRI, home exercise program, H wave and medication. The medical records provided for review do not indicate a medical necessity for Soma 350 mg #180. Soma (Carisprodol) is a muscle relaxant recommended to be used as an option for short-term (two to three weeks) treatment of acute exacerbation of chronic low back pain, but the records indicate the injured worker has been on it at least since 01/2015, but with no improvement. Therefore, the requested medical treatment is not medically necessary.

**Protonix DR 20 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk factors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker sustained a work related injury on 04/07/1999. The medical records provided indicate the diagnosis of adhesive capsulitis of the right shoulder, internal derangement of the right shoulder and cervicobrachial syndrome on the right. Treatment to date has included injections, MRI, home exercise program, H wave and medication. The medical records provided for review do not indicate a medical necessity for Protonix DR 20 mg #30. Protonix (pantoprazole) is a proton pump inhibitor. The MTUS recommend the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal events who are being treated with NSAIDs. The records do not indicate the injured worker is being treated with NSAIDs. Therefore, the requested medical treatment is not medically necessary.