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| <b>Case Number:</b>   | CM15-0084883 |                              |            |
| <b>Date Assigned:</b> | 05/07/2015   | <b>Date of Injury:</b>       | 04/02/1991 |
| <b>Decision Date:</b> | 06/11/2015   | <b>UR Denial Date:</b>       | 04/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/04/2015 |

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 71 year old male who sustained an industrial injury on 04/02/1991. Diagnoses include bilateral shoulder pain. Treatment to date has included surgery, medications, and physical therapy. The most recent physician progress note dated 03/10/2015 documents the injured worker is having increased pain in his left shoulder. He is status post left shoulder rotator cuff surgery done in June of 2014. He states the pain is at the area where it was pinned. He has pain in his right shoulder as well. He has had a rotator cuff repair on the right shoulder in December of 2012. He is using Hydrocodone and Robaxin for the pain. He reports the Flexor patch has been quite helpful. Left shoulder strength is intact with abduction, internal, external rotation, 4/5 strength with forward flexion, and is painful with abduction and forward flexion. Right shoulder strength is intact, but painful with abduction and forward flexion. Treatment requested is for Hydrocodone 325/7.5 mg (by mouth every 4 hours as needed) Qty 60 with 11 refills, and Robaxin 750 mg (by mouth 4 times daily) Qty 120 with 11 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 325/7.5 mg (by mouth every 4 hrs as needed) Qty 60 with 11 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 1991. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to hydrocodone to justify use per the guidelines. Therefore the request of hydrocodone is not medically necessary or substantiated in the records.

**Robaxin 750 mg (by mouth 4 times daily) Qty 120 with 11 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 1991. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to robaxin to justify use. Therefore the request of robaxin is not medically necessary or substantiated in the records.