

<b>Case Number:</b>	CM14-0139938		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old male with an injury date of 09/05/07. The 07/24/14 report by [REDACTED] states that the patient presents with daily moderate neck pain radiating to the head resulting in the occurrence of headaches every other day. He also presents with frequent spasms in the right shoulder and numbness and tingling in the bilateral hands. Examination findings are limited to neck flexion 30 degrees and extension to 20 degrees. Right upper extremity laterally abducts to 135 degrees, right elbow extends to 180 degrees and flexes to 160 degrees. The patient's diagnoses include: 1. Discogenic cervical condition with facet inflammation and shoulder girdle involvement and discogenic headaches, status post one facet injection and one epidural injection (dates unknown) 2. Impingement syndrome of the shoulder on the right with bicipital tendonitis status post decompression (date unknown), modified Mumford procedure, and eventually biceps stabilization and he certainly had a labral repair as well. He has had a total of three interventional treatments to the shoulder on the right. 3. Epicondylitis medially on the right, but not to stretch or resisted function. 4. Carpal tunnel syndrome bilaterally, status post decompression in 1995, he has had aggravation with this injury for which we are requesting clarification for coverage. It seems to be more symptomatic on the left than on the right on exam. 5. The patient has significant issue with sleep. 6. Significant headaches. Medications are listed as Norco, Oxycodone, Norflex and Fioricet. The utilization review being challenged is dated 08/12/14. Reports were provided from 09/09/13 to 08/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 10MG #60 DISPENSED 7/24/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

**Decision rationale:** The patient present with neck pain radiating to the head, headaches, right shoulder spasm and numbness and tingling in the bilateral hands. The treater requests for Oxycodone 10 mg #60 dispensed 07/24/14 to manage pain. It is unknown how long the patient has been taking this medication. Reports provided documents since at least 12/19/13. The California Medical Treatment Utilization Schedule (MTUS) Guidelines pages(s) 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California (MTUS) page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treater notes on 10/17/13 the patient has right shoulder pain daily rated 8/10 and right elbow pain is intermittent at 5/10. On 12/19/13 it is noted that pain medication helps the patient function and pain is 5-6/10 with and 8-10/10 without medication. The 07/24/14 report states the patient manages to do microwave cooking and light cleaning and the patient manages his pain with a combination of Norco and Oxycodone. No other reports document pain scales. In this case, no urine toxicology or other opiate management issues are addressed as required by MTUS above. Therefore, the requested treatment is not medically necessary and appropriate.

**NORFLEX 100MG #60 DISPENSED 7/24/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines

**Decision rationale:** The patient present with neck pain radiating to the head, headaches, right shoulder spasm and numbness and tingling in the bilateral hands. The treater requests for Norflex 100 mg #60 dispersed 07/24/14 for spasm. The 08/12/14 utilization review references a

previous peer review noting that Norflex was ineffective for this patient (date unknown). Reports provided state the patient started this medication 05/20/14 for the first time since 2012. California Medical Treatment Utilization Schedule (MTUS) page 63 states that non-sedating muscle relaxants are recommended with cautions as second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. California (MTUS) page 64 lists Norflex under Antispasmodics drugs used to decrease muscle spasm in conditions such as lower back pain. American College of Occupational and Environmental Medicine (ACOEM) guidelines page 47 state muscle relaxants have been shown useful as antispasmodics. Official Disability Guidelines (ODG) guidelines state muscle relaxants are recommended as an option for acute spasm. In this case the patient's use of the medication since 05/20/14 would appear outside the above guidelines regarding short term use for acute conditions. The treater does not discuss the use of the medication as a second-line option. Therefore, the requested treatment is not medically necessary and appropriate.

**FIORICET 50/325/40MG DISPENSED 7/24/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** The patient present with neck pain radiating to the head, headaches, right shoulder spasm and numbness and tingling in the bilateral hands. The treater requests for Fioricet (a barbiturate containing analgesic) 50/325/40 mg dispensed 07/24/14 for headaches. The reports provided document the patient's use of this medication since at least 09/19/13. California Medical Treatment and Utilization Schedule (MTUS) guidelines state that Barbiturate-containing analgesics agents are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Therefore the request is not medically necessary and appropriate.