

<b>Case Number:</b>	CM14-0154354		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/27/2003
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Pain Medicine 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 injured worker is a 49-year-old male who reported an injury on 11/27/2003. The mechanism of injury was not stated. The current diagnoses include status post right rotator cuff surgery, insomnia, rule out biceps detachment, and depression. Previous conservative treatment is noted to include medications, physical therapy, and home exercise. The current medication regimen includes Norco 10/325 mg and diazepam 10 mg. The injured worker was evaluated on 07/22/2014 with complaints of right shoulder pain and muscle spasm. Physical examination revealed severe tenderness at the AC joint and subacromial space with restricted range of motion. Treatment recommendations included a urine toxicology screen and prescriptions for Norco and Diazepam. The injured worker was also instructed to continue a home exercise program. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 09/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

**1 prescription of Diazepam 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. There was no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the request. As such, the request is not medically necessary.