

<b>Case Number:</b>	CM14-0161024		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Orthopedic Surgery 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 claimant is a 52 year old male with a date of injury on 01/14/10. The medical records provided for review documented that the claimant underwent right shoulder surgery on 01/05/11 followed by neck surgery on 02/24/12. A report of a cervical CT scan dated 01/20/14 showed the anterior fusion prosthesis at C5, C6, and C7 were intact, degenerative disc disease at C4-5, and cervical spasm. An MRI of the right shoulder was performed on 04/02/14 that showed supraspinatus tendonitis, tenosynovitis of the long head of the biceps tendon, mild subacromial bursitis and a small amount of joint effusion. EMG/Nerve Conduction Study from 08/25/14 noted a normal examination of the right upper extremity and cervical paraspinal regions. The office note dated 08/20/14 documented examination findings of 5-/5 strength of the right finger flexors and intrinsic muscles of the hand, sensory loss in the right second, third, fourth, and fifth fingers in the right hand, absent biceps reflex and reduction of the right brachioradialis reflex. The claimant's gait was noted to be within normal limits. He could raise his right arm to 160 degrees and there was a clicking noise in the claimant's right shoulder joint when he raised the right arm. There was moderate muscle spasm in the right trapezius muscle. The claimant had increased pain with internal and external rotation of the right shoulder joint. The claimant was given a diagnosis of injury to the right shoulder, cervical radiculopathy, and right carpal tunnel syndrome. It was recommended that he continue Norco as needed for pain, Soma four times a day to treat muscle spasm of the right trapezius muscle and Zipsor to help with pain in the right shoulder. There are multiple current requests for medication, the first of which is for Norco 5/325, 1 tablet every 4 hours as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, 1 every 4 hours as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 75, 91, 124.

**Decision rationale:** The California Chronic Pain Medical Treatment recommend that short-acting opioids are seen as an effective method in controlling chronic pain and often used for intermittent break through pain. Opioid weaning is recommended in the setting of chronic pain medicines. The medical records provided for review do not reveal objective evidence of significant improvement in pain or function as a result of chronic long-term use of narcotics. There has been pathology identified on the right shoulder with the MRI, but no pathology identified on diagnostic studies for evaluation of ongoing complaints of right hand and upper extremity pain. There is a lack of documentation that the claimant has attempted and failed additional conservative treatment options, such as activity modification, formal physical therapy, injection therapy, and a home exercise program which would be recommended in the setting of chronic pain, prior to continuing the long term use of narcotic medications. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for continued use of Norco 5/325, 1 tablet every 4 hours cannot be considered to be medically necessary.

**Soma 350mg, 1 every 4 hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29, 63, 65, 124.

**Decision rationale:** According to the California Chronic Pain Guidelines, Soma is not recommended or indicated for long-term use. Soma has been used to augment the effects of other drugs, which in combination with Hydrocodone, an affect which some users claim is similar to that of Heroin. Given the fact that the claimant has been on the medication for long term use, this would not be considered medically necessary or reasonable, and given the fact that there is no documentation of significant objective increase in function, return to work or decrease in symptoms with the long term use, the continued use of Soma cannot be recommended as medically necessary.

**Zipsor 25mg, four times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (nonsteroidal anti-inflammatory Drugs) Page(s): 67-68, 70-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter: Zipsor

**Decision rationale:** Although the use of Diclofenac Potassium may be considered reasonable in the chronic inflammatory setting, the Official Disability Guidelines specifically note that Diclofenac is not recommended as first-line treatment due to increased risk profile. There is a lack of documentation that the claimant has attempted and failed other traditional first-line anti-inflammatories such as Ibuprofen, Naproxen or Piroxicam and these medications would be preferred, given the fact that there is a decreased risk profile when compared to Diclofenac, the setting of both acute and chronic treatment. Therefore, based on the documentation presented for review and in accordance with the California Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, the request for Zipsor 25 mg 4x a day cannot be considered medically necessary.