

<b>Case Number:</b>	CM14-0181868		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/04/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 American Board of Family Practice 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:

This is a 51-year-old female claimant who sustained a work injury on March 26, 2010 involving the left shoulder, neck and back. She was diagnosed with Left shoulder rotator cuff injury, left shoulder adhesive capsulitis, cervical strain, lumbar strain, thoracic strain and occipital headaches. She had depression and anxiety from the above injury as well. The progress known on November 3, 2014 indicated the claimant had persistent pain in the above areas. She had trouble sleeping at night as well do shoulder pain and sleep position. She had previously use Xanax for anxiety. She had numbness in her left posterior arm, the medial forearm as well as fourth and fifth fingers. Exam findings were notable for reduced strength in the left shoulder with abduction and flexion. Sensation was decreased in the C8 dermatome distribution. There was a positive Spurling sign in his cervical spine as well as reduced range of motion. Paracervical muscles had spasms and tightness. The lumbar and thoracic spine had reduced range of motion. The physician requested physical therapy two times a week for six weeks, and psychiatric consultation. Vicodin and Norco was given for pain along with gabapentin. Other recommendations included Ambien to help with sleep. Xanax is continued to be authorized for exciting flare-ups. A trial of cervical traction was also requested and a follow up in six weeks. Claimant had been on Vicodin since 2012 and Xanax for several months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Cervical Traction for 2 Times A Week for 3 Weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Traction and Neck pain

**Decision rationale:** According to the ACOEM guidelines there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of traction. According to the ODG guidelines, traction is recommended for home cervical patient controlled use in those who have radicular symptoms in conjunction with a home exercise program. The guidelines recommend not using retraction in excess of 2 to 3 weeks. In this case the claimant does have ridiculous symptoms. She is undergoing physical therapy as well. Cervical traction is reasonable in this case and medically necessary.

**Vicodin 1 BID #60 Per Month:** 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): 82-92.

**Decision rationale:** Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin for over 2 years without documentation of improvement in pain scale. The continued use of Vicodin is not medically necessary.

**Xanax 1 MG Every Day:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, and anticonvulsant and muscle relaxant. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The claimant had been on Xanax for several months. As noted above, prolonged use is not recommended and can increase anxiety. The continued use of Xanax is not medically necessary.

**Follow-Up Visit in 6 Weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

**Decision rationale:** According to the guidelines, Office visits are appropriate as medically necessary. Management of most medications including controlled substances required typical monthly periodic follow-up. The claimant had been getting therapy and seeing Orthopedics as a second treater as well as Psychiatry. The reason for follow-up is unknown since the other treating physicians can also manage the medications, pain, depression/anxiety and injury. The 6 week follow-up with is not justified and not medically necessary at this time.