

<b>Case Number:</b>	CM14-0097007		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 and is licensed to practice in Nevada. 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 43 year-old female who was reportedly injured on February 22, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 23, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated a slight decrease to right shoulder range of motion, and a positive impingement sign. Jenna reflexes were 2+ and motor function was described as 5/5. Diagnostic imaging studies were not reported. Previous treatment includes arthroscopic surgery, multiple medications, and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on June 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 50mcg #10 refills 2:** 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): 44, 93 of 127.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule, this is a long acting opioid used for the management of chronic pain. However, this medication as noted

in the California Medical Treatment Utilization Schedule is with the understanding that the lowest possible dose that improves pain and increase in overall functionality should be applied. Based on progress notes presented for review, there is no increase in functionality noted. Furthermore, the pain complaints remain the same. Therefore, based on a clinical data presented, tempered by the specific parameters noted within the California Medical Treatment Utilization Schedule, the medical necessity cannot be established for this request.

**Norco 10/325mg #120 refills 2:** 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): 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**Lyrica 50mg 390 refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99 of 127.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, this medication is effective for the treatment of diabetic neuropathy or post-herpetic neuralgia. An off label use is to address neuropathic lesions. This is a shoulder surgery the requested topic intervention. As such, there is no objectification of a neuropathic lesion. Therefore based on the clinical information presented for review this is not medically necessary.

**Colace 250mg #60 refills 2:** 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) TWC (Opioids) Opioid-Induced Constipation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

**Decision rationale:** This medication is a stool softener useful for the treatment of constipation. However, while noting there has been protracted use of opioids, there are no complaints of constipation and no physical examination findings to support that this medication is clinically indicated. Therefore, when noting the date of injury, the surgeries completed and the ongoing lack of complaints; there is no clinical need for the medication established. This is not medically necessary.

**Random Urine Drug Screen:** 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) TWC Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 78.

**Decision rationale:** Urine drug screening is useful during the assessment of inappropriate drug use. Based on the medications being employed and the findings on physical examination; there is no clinical indication presented that there is any illicit drug use, overuse, drug diversions or other parameter which would establish that such an assessment would be needed. This is not medically necessary.