

<b>Case Number:</b>	CM14-0210186		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 45-year old male patient who sustained a work related injury on 3/18/2009. Patient sustained the injury when was involved in trying to restrain a patient in the trauma bay, he was trying to hold down the person's legs and he felt pain in his right shoulder immediately. Patient was involved in a motor vehicle accident on 2/10/2013. The current diagnosis includes shoulder pain. Per the doctor's note dated 11/21/14, patient has complaints of persistent pain in his right shoulder at 8/10. Physical examination of the shoulders revealed movements were restricted with flexion limited to 90 degrees, extension limited to 40 degrees, abduction limited to 90 degrees and adduction limited to 35 degrees, 4/5 strength, The current medication lists include Cyclobenzaprine, Zofran, Mentherm Gel and Lidoderm 5% Patch. The patient has had Right shoulder MRI on 7/8/2010 that revealed focal partial tear of articular surface of supraspinatus; Bilateral Upper Extremities EMG on 2/13/2013 that revealed mild denervation in the right C5, C6 consistent with cervical radiculopathy of the C5-6 on the right. He underwent a right shoulder chondroplasty and debridement surgery on 1/22/2010 and a second surgery for his right shoulder on 12/23/2010. The patient has received an unspecified number of PT and cognitive behavioral therapy visits for this injury. He has had a urine drug toxicology report on 8/12/14 that was positive for hydrocodone. The patient has used a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (R) shoulder without contrast.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder(updated 10/31/14) Magnetic resonance imaging (MRI).

**Decision rationale:** According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; -Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The patient has had Right shoulder MRI on 7/8/2010 that revealed focal partial tear of articular surface of supraspinatus. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. The examination findings of special tests for the right shoulder were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A recent shoulder X-ray report is not specified in the records provided. The medical necessity of the request for MRI of the right shoulder is not medically necessary.

**Zofran ODT 8mg.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 11/21/14) Antiemetics (for opioid nausea). Thompson micromedex Ondansetron FDA labeled indication.

**Decision rationale:** Ondansetron is 5-HT<sub>3</sub> receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore ODG and Thompson Micromedex were used. Per ODG, "Antiemetic (for opioid nausea), Not recommended for nausea and vomiting secondary to chronic opioid use. According to the Thompson micromedex guidelines, FDA labeled indications for Ondansetron include, "Chemotherapy-induced nausea and vomiting, highly emetogenic chemotherapy; Prophylaxis; Chemotherapy-induced nausea and vomiting, moderately emetogenic chemotherapy; Prophylaxis; Postoperative nausea and vomiting;

Prophylaxis and Radiation-induced nausea and vomiting; Prophylaxis. Any indication listed above was not specified in the records provided. A rationale for use of this medication was not specified in the records provided. Any abnormal findings on GI examination were not specified in the records provided. The clinical information submitted for this review that Zofran ODT 8mg. is not medically necessary.

**Norco 10-325mg #150.:** 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 -Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are the lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The Norco 10-325mg #150is not medically necessary.

**Cyclobenzaprine / Flexeril 5mg #30.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to CA MTUS guidelines cited below, Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo

in the management of back pain. In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients. Per the doctor's note dated 11/21/14, patient has complaints of persistent pain in his right shoulder at 8/10 and physical examination of the shoulders revealed movements were restricted with flexion limited to 90 degrees, extension limited to 40 degrees, abduction limited to 90 degrees and adduction limited to 35 degrees, 4/5 strength. The patient's right shoulder MRI on 7/8/2010 revealed focal partial tear of articular surface of supraspinatus; bilateral Upper Extremities EMG on 2/13/2013 that revealed mild denervation in the right C5, C6 consistent with cervical radiculopathy of the C5-6 on the right. He underwent a right shoulder chondroplasty and debridement surgery on 1/22/2010 and a second surgery for his right shoulder on 12/23/2010. The pt has significant abnormal objective musculoskeletal exam findings, abnormal imaging study findings and he has had multiple surgeries to the shoulder. The pt's condition is prone to intermittent exacerbation. A small dose of a non addicting muscle relaxant like flexeril 5mg in a small quantity ( # 30), is medically appropriate and necessary for intermittent exacerbation in this pt. Therefore the request for Cyclobenzaprine / Flexeril 5mg #30 is medically necessary and appropriate for prn use during exacerbation.