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| <b>Case Number:</b>   | CM14-0218381 |                              |            |
| <b>Date Assigned:</b> | 01/08/2015   | <b>Date of Injury:</b>       | 06/11/2013 |
| <b>Decision Date:</b> | 03/12/2015   | <b>UR Denial Date:</b>       | 12/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2014 |

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 46 -year-old female who reported an injury on 06/11/2012, due to an unspecified mechanism of injury. On 01/09/2015, she presented for a followup evaluation. She was noted to be status post shoulder surgery performed on 10/27/2014. She reported using a continuous passive motion device for the left shoulder, and performing home exercise and postoperative rehabilitation. She reported left wrist pain with numbness and tingling in the hand. A physical examination of the left shoulder showed a well healed portal scar, with range of motion at flexion to 16 degrees, extension at 38 degrees, abduction at 150 degrees, adduction at 30 degrees, internal rotation to 60 degrees, and external rotation to 70 degrees. Her muscle strength was rated 4/5. There was tenderness to palpation over the radial greater than ulnar side of the wrist, and Tinel's sign and Phalen's test were positive. There was sensory loss noted along the median nerve distribution. She was diagnosed with cervical trapezial musculoligamentous sprain and strain, with left upper extremity radiculitis. The treatment plan was for Norco 5/325 mg #60, and Zanaflex 40 mg #60. The Request for Authorization form was signed on 01/09/2015. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Norco 5/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be status post shoulder surgery. The documentation indicates that the injured worker has been using these medications since at least the date of her shoulder surgery. However, there is a lack of documentation showing evidence of a quantitative decrease in pain and an objective improvement in function with the use of Norco to support its continuation. There were also no urine drug screens or CURES report provided for review to validate that she has been compliant with her medication regimen. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

**Associated surgical service: Zanaflex 4mg #60:** 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 Muscle Relaxants Page(s): 63.

**Decision rationale:** According to the California MTUS Guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for the short term treatment of acute exacerbations in people with chronic low back pain. Based on the clinical documentation submitted for review, the injured worker had reported pain in the left shoulder and left upper extremity. However, there is a lack of documentation showing that she had reported low back pain to support the request. There was a lack of documentation showing that she had been experiencing muscle spasms or regarding how long she had been using the medication. Without this information, a continuation would not be supported, as they are only recommended for short term treatment. Moreover, the frequency and duration of the medication were not stated within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.