

<b>Case Number:</b>	CM15-0007395		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/28/2002
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 28, 2002. In a Utilization Review Report dated December 27, 2014, the claims administrator failed to approve a spine surgery consultation, partially approved a request for Norco, denied a second request for Norco outright, denied a request for Lyrica, and denied a request for shoulder x-rays. The claims administrator referenced a December 12, 2014 progress note in its determination. The claims administrator noted that the applicant had undergone earlier shoulder surgery in 2002 and had reportedly undergone a shoulder corticosteroid injection in June 2014. The applicant's attorney subsequently appealed. On December 12, 2014, the applicant reported ongoing complaints of right shoulder pain status post earlier shoulder surgery in October 2012. The applicant was off of work and had been deemed "disabled", the treating provider suggested. The applicant was obese, with a BMI of 31. 8-9/10 pain was noted. In addition to having undergone a shoulder surgery, the applicant had also undergone both knee surgery and hiatal hernia repair surgery, it was stated. The applicant's complete medication list included Norco, oral Voltaren, Voltaren gel, and Biofreeze, it was stated. 5/5 bilateral upper extremity strength was noted. At the bottom of the report, the attending provider stated that he was refilling Norco, keeping the applicant off of work, and asking the applicant to seemingly begin Lyrica. The applicant was asked to follow up in six weeks with an x-ray of the shoulder. A spine surgery consultation was endorsed via an RFA form dated December 18, 2014, without much in the way of associated narrative commentary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine surgery consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** No, the proposed spine surgery consultation was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, applicants with neck or upper back pain complaints alone, without findings of associated serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, the December 18, 2014 RFA form contained little to no narrative commentary and did not outline a clear or compelling basis for the proposed spine surgery consultation. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine. An associated progress note of December 12, 2014 contained only tangential references to the applicant's issues with neck pain and focused on discussion of the applicant's primary pain generator, the right shoulder. The request, thus, is at odds with ACOEM principles and parameters. Therefore, the request was not medically necessary.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, per a December 12, 2014 progress note, referenced above, at which point the applicant was described as receiving both Workers' Compensation indemnity benefits and Disability Insurance benefits. On that date, the applicant reported 8-9/10 pain complaints, despite ongoing usage of Norco. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**Lyrica 50mg #90:** Upheld

**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 Pain Mechanisms Pregabalin Page(s): 3; 99.

**Decision rationale:** The request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is recommended in the treatment of diabetic neuropathic pain, postherpetic neuralgia, and, by implication, neuropathic pain in general, in this case, however, there was no mention or description of issues with neuropathic pain present on the December 12, 2014 progress note on which Lyrica was introduced. On that date, the applicant presented with a primary complaint of mechanical shoulder pain, 8-9/10. There was, however, no mention or description of issues with neuropathic pain evident on that date, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines are characterized by symptoms such as lancinating, electric shock-like sensation, tingling, numbing, burning sensation, etc. Therefore, the request was not medically necessary.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, the treating provider noted on December 12, 2014. The applicant was described as receiving both Workers' Compensation indemnity benefits and Disability Insurance benefits as of that date. 8-9/10 pain was reported on December 12, 2014. All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

**X-rays for the right shoulder:** 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): Table 9-6, page 214.

**Decision rationale:** Finally, the request for x-rays for the right shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder radiography is deemed "not recommended." Here, the attending provider did not state for what purpose the shoulder plain films/shoulder x-rays were being sought. The attending provider did not state how the proposed shoulder x-rays would influence or alter the treatment plan. Therefore, the request was not medically necessary.