

<b>Case Number:</b>	CM15-0171878		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/10/1998
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male who sustained an industrial injury on 4-10-98 when a box fell on him resulting in injury to his bilateral shoulders and cervical region. He currently (8-11-15) complains of neck and shoulder pain with intense left shoulder pain and flare ups. He reports the pain is decreased with medications. His pain level was 8 out of 10 without medications and 3-4 out of 10 with medications. He is able to drive and shop. Diagnoses include cervical disc disease; bilateral rotator cuff impingement. On physical exam there was bilateral tenderness and spasms of the cervical and trapezius muscles; cervical spine had decreased range of motion; shoulders had decreased range of motion. Diagnostics include MRI of the cervical spine (4-22-15) showing severe bilateral foraminal narrowing with minimal central stenosis, status post anterior interbody fusion of C5-6 without recurrent stenosis; MRI of the left shoulder (4-22-15) showing tendinosis, supraspinatus partial thickness tearing; MRI of the right shoulder (4-22-15) showing tear of the anterior inferior glenoid labrum, minimal intrasubstance tearing, tendinosis, osteoarthritis. Treatments to date include status post fusion C4-5 (2001); bilateral rotator cuff repair (2006); medications: Norco, Soma, Valium, Flexeril, Theramine, tramadol and medications work well to control his pain. Had a drug screen 3-10-15 which was not consistent with prescribed medications. In the progress note dated 8-11-15 the treating provider's plan of care included requests for Norco 10-325mg #120; Soma 350mg #30; Valium 10mg #30; orthopedic evaluation for cervical evaluation based on MRI and for left shoulder. On 8-24-15 utilization review evaluated and non-certified the requests for Norco 10-325mg #120 based on prior progress note dated 9-30-14 (this progress note was not present for review) allowing Norco #60 and the injured

worker should have already been weaned and no documentation of objective functional gains; Soma 350mg #30 based on the fact that it is not recommended for long term use, there is lack of documentation as to when this was started, the progress note dated 9-30-14 noted Soma 350mg #20 to initiate downward titration; Valium 10mg #30 based on the fact of not being recommended for long term use due to risk of dependence, progress note dated 9-30-14 had certified Valium 10mg #30 to initiate downward titration; orthopedic evaluation for the spine and left shoulder was modified to one office visit based on symptoms and MRI pathology.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Norco 10/325mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The California MTUS guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, the injured worker has ongoing neck pain due to cervical disk disease, history of fusion, and bilateral shoulder pain. The records do support the ongoing use of Norco, and previous attempts to wean have led to ER visits and significantly increased pain. Ongoing use is supported and this request is medically necessary.

#### **Soma 350mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure Summary updated 7/15/2015, Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. The California MTUS Guidelines do not recommend the use of Soma and state that this medication is not intended for long-term use. Within the submitted records, though the injured worker has increased pain when attempts have been made to wean Soma, there are no extenuating factors noted to warrant non-adherence to guideline recommendations. Long-term use is not recommended. This request is not medically necessary.

**Valium 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Within the submitted records, there is no mention that Valium has helped to improve function, and/or ability to perform activities of daily living. Documentation reviewed states that Valium taper is ongoing, down to once a day as of 7/2/2015. At this time, taper should be complete. There is no mention of why continued daily use is needed. This request is not medically necessary.

**Orthopedic evaluation for spine and left shoulder: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary (updated 7/15/2015), Office visits.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The CA MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialists if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. Within the submitted records, the injured worker has bilateral shoulder pathology and ongoing cervical spine pain with history of fusion. Additional expertise is warranted in this case, and as such, the request for an Orthopedic Consult is medically necessary.