

<b>Case Number:</b>	CM15-0179385		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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

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 injured worker is a 51 year old male, who sustained an industrial injury on July 18, 2014. The injured worker was being treated for C5-6 (cervical 5-6) disc degeneration, right cervical radiculopathy with C6 weakness and decreased sensation, right shoulder impingement syndrome with acromioclavicular joint degenerative joint disease, right sternoclavicular degeneration, and decreased L5-S1 (lumbar 5-sacral 1) disc degeneration with grade 1-2 spondylolisthesis. Medical records (August 17, 2015) indicate ongoing low back pain that has improved to a constant dull ache and neck pain that extends into the bilateral trapezius and mid scapular regions with down the right arm to the hand and posterior headaches. In addition, the injured worker has ongoing right clavicle pain. His current medications include Norco 5/325mg and 10/325mg, Morphine 60mg, and Flexeril 10mg. The medical records show the subjective pain rating of the injured worker's neck pain is 6 out of 10 with medications and 8 out of 10 without medications and right clavicle pain is 7-8 out of 10 with medications and 9-10 out of 10 without medications on August 17, 2015. Records also indicate the injured worker has difficulty performing his activities of daily living. The physical exam (August 17, 2015) reveals right cervical spine into the right trapezius tenderness to palpation and spasm, upper and mid thoracic tenderness to palpation, decreased sensation over the bilateral C6-8 (cervical 6-8) dermatome distribution, and decreased range of motion. There is a prominent right sternoclavicular deformity with tenderness, right sternoclavicular joint tenderness to palpation, and normal range of motion of the right shoulder. There is a normal gait, no evidence of weakness on toe or heel walking, tenderness to palpation over the L5-S1 paraspinal musculature, and decreased range of motion. Per the treating physician (August 17, 2015 report): an MRI of the lumbar spine performed on September 19, 2014, revealed near total disc space height obliteration at L5-S1 with anterior subluxation and severe

right-sided nerve root encroachment. An MRI of the cervical spine performed on November 7, 2014, revealed degenerative disc disease, especially from C5-7 (cervical 5-7), and mild bilateral neural foraminal narrowing at C5-6. X-rays of the right shoulder performed on August 17, 2015, revealed a type 2 acromium. X-rays of the lumbar spine performed on August 17, 2015, revealed grade 1-2 spondylolisthesis of L5 on S1 with severe disc height loss as a pars defect. Treatment has included chiropractic therapy, cervical epidural steroid injections, and medications including pain (Norco since at least August 2015) and muscle relaxant. Per the treating physician (9/9/2015 report), the injured worker is to remain on modified duty with no repetitive pushing, pulling, or lifting greater than 5 pounds with the right arm. On August 17, 2015, the requested treatments included a right shoulder subacromial steroid injection, 6 sessions of chiropractic therapy for the lumbar spine, Duexis 800-26.6mg, Norco 10/325mg, and Restoril 30mg. On September 1, 2015, the original utilization review non-certified a request for a right shoulder subacromial steroid injection and Duexis 800-26.6mg QTY: 360, and partially approved a request for Norco 10/325 QTY: 108 (original request for #120) and Restoril 30mg QTY: 27 (original request for #30) to allow for weaning, and 3 sessions of chiropractic therapy for the lumbar spine (original request for 6 sessions).

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

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

#### **Right shoulder subacromial steroid injection QTY: 1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Summary.

**Decision rationale:** The MTUS states that 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears may be recommend. I am reversing the previous utilization review decision. Right shoulder subacromial steroid injection QTY: 1 is medically necessary.

#### **Chiropractic therapy, lumbar spine 2 times 3 weeks QTY: 6: 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): Antidepressants for chronic pain, Manual therapy & manipulation.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. The original reviewer modified the request to 3 sessions to allow for proof of functional improvement. Chiropractic therapy, lumbar spine 2 times 3 weeks QTY: 6 is not medically necessary.

**Duexis 800-26.6mg QTY: 360: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Duexis 800-26.6mg QTY: 360 is not medically necessary.

**Norco 10/325mg QTY: 120: 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): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg QTY: 120 is not medically necessary.

**Restoril 30mg QTY: 30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

**Decision rationale:** The Official Disability Guidelines do not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Restoril 30mg QTY: 30 is not medically necessary.