

<b>Case Number:</b>	CM15-0040176		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	10/03/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: 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 51-year-old male who reported an injury on 10/03/2014 after a 750 pound load on a lift gate pulled the injured worker. The injured worker was treated with medications and modified work duties. The injured worker was evaluated on 01/06/2015. It was documented that the injured worker had not undergone any significant improvement since the initial injury. Physical findings included tenderness to palpation of the cervical spinal musculature with restricted range of motion. Inspection of the shoulder documented tenderness to palpation of the left trapezius and anterior shoulder with restricted range of motion and a positive impingement sign. The injured worker's medications were noted to be Cyclobenzaprine, Hydrocodone, naproxen, and Omeprazole. The injured worker's diagnoses included cervical sprain, derangement of a joint of the left shoulder, enthesopathy of the hip and lumbar sprain/strain. The injured worker's treatment plan included an MRI, continued use of medications, and physical therapy. A Request for Authorization was submitted on 01/06/2015. The injured worker was again evaluated on 03/11/2015. It was documented that the injured worker had not had any physical therapy and continued to have significant neck and left shoulder pain. It was documented that the injured worker was taking his medications for pain, which allowed him to function. The injured worker's treatment plan at that appointment included physical therapy, an EMG/NCS, and continued medications. A Request for Authorization was submitted on 03/11/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The requested MRI of the shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does recommend an imaging study of the shoulder for patients with potential soft tissue injuries. However, it is also recommended that the injured worker have a course of conservative treatment prior to an imaging study. The clinical documentation submitted for review does indicate that the injured worker has not undergone any type of formal physical therapy. There was no indication that the injured worker is participating in a home exercise program. Therefore, an imaging study would not be indicated in this clinical situation. Furthermore, the request as it is submitted does not specifically identify which shoulder the MRI is being requested for. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested MRI of the shoulder is not medically necessary or appropriate.

**Cyclobenzaprine Hcl tablets, Usp 10 mg. quantity 60 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Cyclobenzaprine HCl tablets, Usp 10. Quantity 60 with two refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends short durations of treatment of muscle relaxants not to exceed 2 to 4 weeks. The clinical documentation does indicate that the injured worker has been taking this medication since at least 11/2014. This, in combination with the requested 2 refills, exceeds guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested Cyclobenzaprine HCl tablets, Usp 10. Quantity 60 with two refills is not medically necessary or appropriate.

**Hydrocodone (norco 5-325 mg.) quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Hydrocodone (Norco 5-325 mg.) quantity 60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, an assessment of pain relief, managed side effects, and support that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of pain relief to support ongoing use of this medication. Additionally, it is noted that the injured worker has been taking this medication since at least 11/2014. There is no documentation that the patient is monitored for aberrant behavior. The request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Hydrocodone (norco 5-325 mg.) quantity 60 is not medically necessary or appropriate.

**Naproxen Sodium 550 mg. quantity: 30 with two refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The requested Naproxen Sodium 550 mg. quantity: 30 with two refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs for patients who have chronic pain. However, the continued use of this type of medication should be supported by a pain assessment and documentation of functional benefit to support the efficacy of the medication and continued use. The clinical documentation submitted for review does not provide an adequate pain assessment to support that the injured worker has pain relief resulting from the use of this medication. Therefore, continued use would not be supported. Furthermore, the clinical documentation submitted for review does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Naproxen Sodium 550 mg. quantity: 30 with two refills is not medically necessary or appropriate.

**Omeprazole DR 20 mg. capsule quantity 30 with two refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested Omeprazole DR 20 mg. capsule quantity 30 with two refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing

gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events related to medication usage. The request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Omeprazole DR 20 mg. capsule quantity 30 with two refills is not medically necessary or appropriate.