

<b>Case Number:</b>	CM15-0078654		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Illinois

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 65 year old male who sustained an industrial injury on 6/17/2011. His diagnoses included: left shoulder internal derangement and rotator cuff tear; adhesive capsulitis of the shoulder; facial, cervical spine, shoulder, trapezius muscle, elbow, and knee soft tissue contusion; cervical derangement disc disease; displacement of cervical intervertebral disc without myelopathy; left shoulder pain; right foot pain; neck pain; pain disorder associated with both psychological factors and a general medical condition; major depressive disorder, moderate and single episode; and post-traumatic stress disorder. His treatments have included a Panel qualified Medical Evaluation (8/1/13); Work restrictions; left shoulder arthroscopic rotator cuff repair and decompression surgery; physical therapy; daily exercise; psychotherapy and psychophysiological therapies; injection therapy; and medication management. Progress notes of 4/2/2015 report that he returned in follow-up for evaluation of his left shoulder, 13 months following left shoulder arthroscopic repair and decompression, and noted rupture long head biceps tendon causing severe pain with activities, and unable to take anti-inflammatory medications (on Coumadin); so he is prescribed Norflex for para-scapular tightness and spasm, and Percocet for breakthrough pain. The physician's requests for treatments were noted to include Norflex and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on 6/17/2011. The medical records provided indicate the diagnosis of left shoulder internal derangement and rotator cuff tear; adhesive capsulitis of the shoulder; facial, cervical spine, shoulder, trapezius muscle, elbow, and knee soft tissue contusion; cervical derangement disc disease; displacement of cervical intervertebral disc without myelopathy; left shoulder pain; right foot pain; neck pain; pain disorder associated with both psychological factors and a general medical condition; major depressive disorder, moderate and single episode; and post-traumatic stress disorder. Treatments have included Work restrictions; left shoulder arthroscopic rotator cuff repair and decompression surgery; physical therapy; daily exercise; psychotherapy and psycho-physiological therapies; injection therapy; and medication management. The medical records provided for review do not indicate a medical necessity for Norflex 100mg #30. Norflex is a muscle relaxant. The MTUS recommend the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS states that Norflex has been reported in case studies to be abused for euphoria and to have mood-elevating effects. The records indicate the injured worker has been taking muscle relaxants since 2013 without improvement; besides the injured worker does not have an exacerbation of chronic low back pain. The request is not medically necessary.

**Percocet 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 6/17/2011. The medical records provided indicate the diagnosis of left shoulder internal derangement and rotator cuff tear; adhesive capsulitis of the shoulder; facial, cervical spine, shoulder, trapezius muscle, elbow, and knee soft tissue contusion; cervical derangement disc disease; displacement of cervical intervertebral disc without myelopathy; left shoulder pain; right foot pain; neck pain; pain disorder associated with both psychological factors and a general medical condition; major depressive disorder, moderate and single episode; and post-traumatic stress disorder. Treatments have included Work restrictions; left shoulder arthroscopic rotator cuff repair and decompression surgery; physical therapy; daily exercise; psychotherapy and psycho-physiological therapies; injection therapy; and medication management. The medical records provided for review do not indicate a medical necessity for Percocet 5/325mg #60. The MTUS recommends the use of the

lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the use of opioids since 2014 with no overall improvement. The injured worker is not well monitored for pain control, adverse effects and activities of daily living. Therefore, the request is not medically necessary.