

Case Number:	CM13-0031541		
Date Assigned:	12/11/2013	Date of Injury:	01/26/2012
Decision Date:	01/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old female who was injured on 1/26/13. A recent assessment by [REDACTED] on 11/04/13 indicated subjective orthopedic complaints of hip pain, shoulder pain, and low back and radiating leg pain. The patient is currently using medications in the form of Paroxetine, Nortriptyline, Zolpidem, Hydrocodone, and acetaminophen, describing side effects of dizziness, drowsiness, and weakness. Orthopedic evaluation showed the shoulder to have restricted motion at endpoints with tenderness over the AC joint, positive cross arm testing, and 4/5 motor strength. The hip examination showed 120 degrees of flexion with no instability, diffuse tenderness to palpation, and a positive Faber test. The claimant's working diagnosis was a cervical strain, lumbar strain, and blunt injury to the shoulder. Imaging reviewed included a 4/25/12 MRI of the right hip that was essentially unremarkable. A right shoulder MRI from the same date showed AC joint hypertrophy with thinning of the supraspinatus tendon, but not tearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: Based on the California MTUS Guidelines, the continued use of narcotic analgesics in this case would not be indicated. Records do not indicate significant benefit, increased functional improvement, or pain related benefit. The absence of the above would fail to support the continued use of the short acting narcotic analgesic at this chronic stage in the claimant's clinical course of care. Further evidence against continued use is the documentation of significant side effects that were noted by the treating physician at the patient's last assessment. Therefore, the request is non-certified.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS Guidelines clearly indicate that Soma is specifically not recommended for long-term use due to its significant adverse effect and dependency profile. When taking into account the claimant's current adverse reactions, including dizziness, drowsiness, and weakness, the ongoing use of this agent would not be indicated.

topical Ketoprofen cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines specifically indicate that Ketoprofen is an agent that is not currently FDA approved for topical application secondary to its high incidence of adverse effects, including photocontact dermatitis. There is no support or justification for use of a non-FDA-approved agent for topical use in this case; therefore, the request is not certified.

right SI joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The low back chapter of the California MTUS Guidelines indicates that injections of this type are of questionable merit. When looking at Official Disability Guidelines

criteria, the role of SI joint injections are only supported for specific criteria that would include history and physical examination suggestive of the diagnosis of SI joint dysfunction with at least three positive exam findings. Guideline criteria also indicate that diagnostic evaluation must first address any other potential pain generator. The claimant's physical examination and history were more consistent with a diagnosis of hip joint pathology based on physical examination and imaging performed. The formal diagnosis of SI joint dysfunction cannot be given, based on a lack of history and physical examination supporting of the diagnosis at present. This would negate the role of an injection to this area based on the claimant's current clinical presentation. The request is not certified.