

Case Number:	CM13-0058437		
Date Assigned:	12/30/2013	Date of Injury:	09/20/1999
Decision Date:	04/14/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/27/2013

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. The expert 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 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/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:

This is a 39-year-old female who sustained injuries to the bilateral shoulders and upper extremities in a work related accident on 09/20/99. The records provided for review included a clinical assessment dated 09/11/13 documenting a diagnosis of cervical pain with stenosis, facet joint syndrome, status post anterocervical discectomy and fusion with bilateral shoulder derangement. The assessment also documented that the claimant was undergoing a course of formal physical therapy, but continued to be symptomatic. Examination specific to the shoulder showed restricted range of motion with tenderness to palpation and no documented weakness or neurologic findings. The next assessment dated 10/10/13 showed similar complaints with objective findings of tenderness of the shoulder consistent with impingement, neck spasm and positive Tinel's testing at the right wrist. Recommendations were for bilateral corticosteroid injections to the shoulders, bilateral fluoroscopic evaluations to the wrist and hands, a prescription for Zofran, Terocin patches and Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 196,204.

Decision rationale: Based on California ACOEM 2004 Guidelines, left shoulder injection in this case would not be supported. The claimant's clinical picture does not indicate previous imaging or a documented course of conservative care for the shoulder. At this chronic stage in the claimant's clinical course of care, greater than 14 years from injury, there would be no acute indication for a shoulder injection in the absence of imaging or prior conservative care noted. The specific clinical request in this case would not be supported.

Fluoroscopic Evaluation of the Left Wrist and Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Radiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, radiographs of the claimant's left hand and wrist would not be indicated. The claimant's current clinical picture does not indicate acute injury or current complaints that would support the role of repeat radiographs or radiographs in this case, particularly performed under fluoroscopy. While the claimant was noted to have an isolated finding of a positive Tinel's test, the chronic diagnosis of carpal tunnel syndrome in and of itself would not support radiographic imaging. The request in this case is not indicated.

Retrospective Right Shoulder Subacromial Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 196,204.

Decision rationale: Based on the ACOEM Guidelines, subacromial injection to the right shoulder would not be indicated. As stated in question one, there is no current imaging reports of the right shoulder, documentation of prior treatment or care that would support the acute need of an injection at this stage in the claimant's chronic course from injury.

Retrospective Fluoroscopic Eval of Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure

Decision rationale: CA MUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, radiographs of the claimant's right wrist would not be indicated. The claimant's current clinical picture does not indicate any indication of an acute injury or current complaint of the right wrist that would support the role of repeat radiographs or radiographs in this case, particularly performed under fluoroscopy. While the claimant was noted to have an isolated finding of a positive Tinel's test, the chronic diagnosis of carpal tunnel syndrome in and of itself would not support current imaging. The request in this case is not indicated.

Retrospective Zofran 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://us.gsk.com/products/assets/us_zofran_tablets.pdf

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure - Antiemetics (for opioid nausea)

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, Zofran, an antiemetic, would not be indicated. ODG Guidelines only support the use of Zofran in the postoperative setting or for acute nausea complaints related to chemotherapy and radiation treatment. It is not recommended for treatment in the chronic pain setting or for concordant use with opioid medications. The specific request in this case is not certified.

Retrospective Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, Terocin patches would not be supported. Terocin patches are a combination of Capsaicin and Methyls acylate, menthol and lidocaine. At present, lidocaine would only be recommended for peripheral neuropathic pain after evidence of a first line oral agent that had been utilized, failed. Records in this case give no current radicular findings or neuropathic findings. While the claimant has continued cervical complaints, examination only indicates that the axial exam findings being positive. The role of this topical agent without documentation of neuropathic pain or documentation of further first line treatment is not necessary.

Retrospective LidoPro Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Based on MTUS Chronic Pain 2009 Guidelines, Lidopro cream would also not be indicated. Lidopro cream is a combination of Lidocaine, menthol, Methyls acylate and Capsaicin, similar to Terocin patches, which were also requested in this case. First and foremost, it would be unclear as to why two similar agents would be prescribed in the same setting. As stated in the prior response, Lidocaine would not be indicated in this claimant due to lack of neuropathic findings on examination or indication of first line neuropathic agents being rendered.