

Case Number:	CM13-0065573		
Date Assigned:	01/03/2014	Date of Injury:	08/13/2008
Decision Date:	07/17/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 62 year old male who was injured on 11/15/2006. The mechanism of injury is unknown. His diagnoses are 1) Multiple level DDD and spondylosis of the cervical spine that involves all of the levels except C2-3 associated with spinal stenosis and upper extremity radiculitis. 2) Right shoulder subacromial impingement syndrome associated with primary and post-traumatic acromioclavicular joint arthritis as well as rotator cuff tendonitis. 3) Left shoulder subacromial impingement syndrome associated with primary and post-traumatic acromioclavicular joint arthritis as well as rotator cuff tendonitis with the history of previous recurrent left shoulder dislocations which resolved with the prior reconstruction surgery status post a subacromial decompression and complete distal clavicle resection; 4) Primary and post-traumatic arthritis of the right trapezium-First metacarpal joint; and 5) Primary and post-traumatic arthritis of the left trapezium-First metacarpal joint, right long trigger finger, and left long trigger finger. Prior treatment history has included Vicodin and cervical epidural injection performed on February 22, 2013 but with only 4-5 days of pain relief, but the pain then returned to the pre-injection level. The patient underwent a left shoulder capsulorrhaphy on 09/09/1992 and a left shoulder glenohumeral joint arthroscopy with extensive debridement of the synovitis down the extensive labral tears without repair; subacromial decompression including an anterior and inferior acromioplasty on 12/07/2007. Diagnostic studies reviewed include Cervical spine x-rays dated 4/30/2013 revealed anterior spondylosis especially noted at C4-5. The intervertebral disc spaces were maintained. There was mild spondylosis anteriorly at C3-4 with minimal anterolisthesis. There were no acute bony abnormalities. The right shoulder x-ray revealed no acute bony abnormalities. There did appear to be a bone island or interosseous cyst within the humeral head measuring 0.6 cm. The acromioclavicular joint appeared intact. The left shoulder x-ray showed four suture anchors, three anteriorly at the glenoid and one inferiorly in the soft

tissue. There were no changes noted at the anatomical neck and the greater tuberosity. There were no acute bony abnormalities. PR2 dated 10/03/2013 indicated the patient presented for re-evaluation of his neck, left shoulder, elbows, and both of his wrists. The acupuncture treatments have not provided any permanent relief of his neck symptoms. His neck pain had increased and was constant. The pain is located at the base of the neck more on the left side of the neck with radiation of the pain down both arms associated with some numbness and tingling in both of his hands as well as locking in all of his fingers except for his thumbs plus locking in his neck. He reported bilaterally shoulder pain which had remained constant and located at the top of each shoulder with radiation of the pain to the lateral aspect of each shoulder associated with some clicking and popping as well as difficulty with overhead use of both of his arms. Objective findings on exam revealed cervical spine range of motion exhibited 40 degrees of flexion; 45 degrees of extension; 60 degrees of rotation and 20 degrees of lateral bending. There was mild to moderate tenderness over the spinous processes mainly at the base of the neck. There was mild to moderate tenderness in the right paraspinal muscles with moderate tenderness in the left paraspinal muscles. There was mild to moderate tenderness in the trapezius muscles on both sides. There was mild tenderness over the nerve roots as well as the triceps; Motor strength testing demonstrated moderate grade 4 weakness of the first dorsal interosseous muscles bilaterally; with 5 strength of the other muscles. AME report dated 04/30/2013 reported the patient did list bilateral carpal tunnel syndrome. The patient was found to be at maximum medical improvement for the cervical spine and both shoulders with future medical care left open to include orthopedic consultations, short courses of physical therapy, prescription medications, cervical epidural injections, local injections for both of the shoulders, surgical intervention for the neck and the shoulders, and a possible MRI scan of the right shoulder if he continued to have significant complaints. He was assigned 21% whole person impairment rating. It was decided to consider another cervical epidural injection. The treating provider has requested follow-up with a PM&R specialist for one additional cervical epidural steroid injection, Norco 10/325mg and Motrin 800mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP WITH A PM&R SPECIALIST FOR ONE ADDITIONAL CERVICAL EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain /neck Chapters: Epidural Steroid Injections.

Decision rationale: According to the CA MTUS guidelines, Norco "Hydrocodone" is recommended as a second line of treatment if the patient has not responded to the 1st line treatment (antidepressants, anticonvulsants). The medical records document the patient had complained of neck pain which was constant with radiation on the left side and associated with numbness and tingling in both hands. On physical examination there was restricted ROM with

moderate tenderness to palpation over the spinous processes and paraspinal muscles. In the absence of documented previous trials of first line treatment further, there is no obvious improvement of pain and function on this medication, the request is not medically necessary according to the guidelines. A gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The medical necessity of the requested item has not been established. The requested item is not medically necessary.

RETROSPECTIVE USE OF NORCO 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid for Chronic pain Page(s): 80-81.

Decision rationale: According to the CA MTUS guidelines, Norco "Hydrocodone" is recommended as a second line of treatment if the patient has not responded to the 1st line treatment (antidepressants, anticonvulsants). The medical records document the patient had complained of neck pain which was constant with radiation on the left side and associated with numbness and tingling in both hands. On physical examination there was restricted ROM with moderate tenderness to palpation over the spinous processes and paraspinal muscles. In the absence of documented previous trials of first line treatment further, there is no obvious improvement of pain and function on this medication, the request is not medically necessary according to the guidelines. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The medical necessity of the requested item has not been established. The requested item is not medically necessary.

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because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The medical necessity of the requested item has not been established. The requested item is not medically necessary.

RETROSPECTIVE: 90 MOTRIN 800MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the CA MTUS guidelines, Motrin "NSAIDs" has inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical records document the patient had complained of neck pain which was constant with radiation on the left side and associated with numbness and tingling in both hands. On physical examination there was restricted ROM with moderate tenderness to palpation over the spinous processes and paraspinal muscles. In the absence of documented clear indication of this particular treatment and no clear improvement of pain and function, the request is not medically necessary according to the guidelines. The medical necessity of the requested item has not been established. The requested item is not medically necessary.

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