

<b>Case Number:</b>	CM13-0071987		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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:

The patient is a 50 year old female who was injured on 06/02/2010 while she sustained two falls, a physical attack and excessive physical activity at work. Prior treatment history has included physical therapy and she underwent right shoulder arthroscopy. PR-2 dated 11/20/2013 documented the patient to have complaints of recent flare-up of the right upper back/trapezius symptoms with muscle spasm and increased pain. She complains of persistent worsening left shoulder pain and decreased range of motion as well as increased difficulty with activities of daily living. She has completed all sessions of postoperative physical therapy with increased range of motion, flexion, and strength. Objective findings on exam included examination of the right shoulder revealing tenderness to palpation with muscle spasm with trigger point over the right upper trapezius muscle and right levator scapula. Tenderness to palpation is also present with muscle guarding over the periscapular region. Impingement test and Cross Arm test are negative. Range of motion of the right shoulder is measured as follows: Flexion is 170 degrees, extension is 42 degrees, abduction is 166 degrees, adduction is 45 degrees, internal rotation 64 degrees and external rotation 67 degrees. Motor testing reveals Grade 4/5 muscle weakness upon flexion, abduction and internal rotation. Diagnoses: Cervical/trapezial musculoligamentous strain/sprain and muscle contraction headaches, with C5-C6 3 mm disc protrusion/Degenerative disc disease/Facet changes/stenosis and C6-C7 4 mm disc protrusion/Degenerative disc disease/stenosis, per MRI scan dated 10/04/2010. PR-2 dated 12/30/2013 documented the patient reports good pain relief with medication. On a Visual Analog Scale she rates her pain as 3/10 with medications and 4/10 without medications. She reports better bending and stooping. She has acid reflux control with Prilosec, which she takes once or twice per day. She reports no improvement with trigger point injections administered on last visit. She reports that "the only thing that helps" her left shoulder trigger point is the application of moist compress. She is taking

Norco 10/325 mg once to twice a day and Prilosec 20 mg once to twice a day. Objective exam included examination of the right shoulder that reveals positive impingement test. There is crepitus present. Range of motion of the right shoulder is measured as follows: flexion is 160 degrees, extension 45 degrees, abduction 155 degrees, adduction 40 degrees, internal rotation 90 degrees, external rotation 90 degrees. Pain is present in all planes. Examination of the left shoulder reveals a positive impingement test. Crepitus is present. Range of motion of the left shoulder is measured as follows: flexion 135 degrees, extension 40 degrees, abduction 150 degrees, adduction 40 degrees, internal rotation 85 degrees and external rotation 80 degrees. Pain is present in all planes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left shoulder surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The medical records do not specify what type of surgery is being recommended for the left shoulder. In addition there does not appear to be documentation of a surgical lesion as demonstrated on an imaging study. Finally, the medical records do not establish exhaustion or failure of non-operative means or standard conservative measures in addressing this left shoulder complaints. Consequently, the medical necessity for left shoulder surgery is not established.

**Flector Patch:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics, 111-112.

**Decision rationale:** According to the guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines document that only Voltaren gel is FDA approved agent indicated for relief osteoarthritic pain in joints that lend themselves topical treatment, which does not include the spine or shoulder. Flector patch is not recommended as a first-line therapy. The medical records do not establish the patient is on unable to utilize and tolerate standard oral analgesics, which would be considered first-line therapy. It is also not established that the patient has OA pain in a joint amenable to topical application. The medical necessity of Flector patch has not been established.

**Retrospective request for Trigger point injections to right upper trapezius muscle & right levator scapula performed on 11/20/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** According to the PR-2 dated 11/20/2013, the patient presented with the complaint of recent flare-up of the right upper back/trapezius symptoms with muscle spasm and increased pain. Trigger point injections should not be considered unless symptoms have persisted for more than three months and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The medical records do not establish the patient had evidence of trigger points present for at least 3 months that failed to respond to conservative care. Consequently the trigger point injections administered on 11/20/2013 were not recommended under the guidelines, and were not deemed appropriate and medically necessary.

**NORCO 10/325MG #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-82. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005 Chapter 13: Opioid Therapy: Adverse Effects Including Addiction, pages 113 - 123.

**Decision rationale:** As per CA MTUS guidelines, Norco is a short-acting opioids recommended for chronic pain. They are often used for intermittent or break-through pain. The guidelines further indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, this patient has chronic neck and shoulder pain and has been prescribed Norco with no documentation of reduction in pain level, increased endurance, or functional improvement with the use of this medication. Thus, the request is non-certified.