

<b>Case Number:</b>	CM14-0003597		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 and Rehabilitation, 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 injured worker is a 65 year old male who reported a pushing injury to his right shoulder on 7/12/11. Within the clinical note dated 11/14/13, the injured worker reported pain secondary to activities around the house. The physical exam reported a positive impingement syndrome, a positive drop test on the right, and a positive Phalen's test bilaterally. The same clinical note indicated that the injured worker received an intramuscular injection of Kenalog and Marcaine to reduce the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONDROLITE 500/200/150 #1880 ONE 1-3 TIMES A DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , GLUCOSAMINE (AND CHONDROITIN SULFATE), 50

**Decision rationale:** Condrolite contains Glucosamine sulfate 500mg, Chondroitin sulfate 200mg, and MSM 150mg. The California MTUS recommend glucosamine and chondroitin for injured workers with osteoarthritis of the knees. The guidelines note it is not indicated for usage

in the shoulders. In addition, the guidelines have indicated MSM to be utilized topically for complex regional pain syndrome. The medication requested was to be utilized for the shoulder. As such, the request is not medically necessary.

**NORCO 7.5/325 #120 1Q6-8H PP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 78

**Decision rationale:** The California MTUS guidelines recognize four domains that 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. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has reported high pain ratings and the limited pain assessments did not indicate whether the pain ratings were assessed with or without medication. Lastly, the injured worker did not show adequate objective signs of functional improvement while utilizing the medication. As such, the request is not medically necessary.

**RETROSPECTIVE INTRAMUSCULAR INJECTION OF KENALOG AND MARCAINE TO RIGHT SHOULDER ON DATE OF SERVICE 11/14/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , SHOULDER COMPLAINTS, 201-205

**Decision rationale:** The ACOEM states that if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The injured worker lacked a documented failure of conservative care and is unknown if conservative care has been exhausted. Additionally, the injections are indicated by the guidelines to allow the injured worker to further continue physical therapy and not for the sole purpose of pain mitigation. Furthermore, there is a lack of documentation that shows the pain is a limiting factor in activities of daily living. As such, the request is not medically necessary.

