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| Case Number: | CM14-0139000 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 10/14/2010 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 08/19/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Anesthesia, has a subspecialty in Acupuncture & 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:

46 year old female injured worker with date of injury 10/14/10 with related right shoulder pain. Per progress report dated 8/4/14, the injured worker reported constant pain rated 6-8/10 in intensity. Also reported were pain in the right elbow, fatigue, heartburn, joint pain, muscle spasms, sore muscles, depression, anxiety, and difficulty sleeping. Per physical exam, multiple areas of tenderness in the right shoulder were noted with decreased motion and crepitus. Tenderness and sensory abnormalities were also noted in the bilateral elbows and wrists. Ultrasound of the bilateral shoulders dated 7/10/14 revealed no evidence of rotator cuff tear. There was mild hypertrophic degenerative change involving the right AC joint. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 8/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right subacromial injection under US guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections

Decision rationale: Per ACOEM with regard to subacromial injection: "Invasive techniques have limited proven value. 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." With regard to ultrasound guidance, the ODG states: "Imaging guidance for shoulder injections: Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes." The documentation submitted for review supports injection for the injured worker's refractory shoulder complaint, however, the guidelines do not recommend the use of ultrasound guidance for the procedure. As such, the request is not medically necessary.

1 Prescription for Colace 100mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-Induced Constipation Treatment

Decision rationale: In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. As there was no active certification for opioid therapy, the prescription of prophylactic treatment of constipation is not medically necessary. Furthermore, the most recent documentation submitted for review indicating constipation was dated 10/30/13.

1 random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c)

Negative affective state²) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication³) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues.⁴) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources" The injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior. Furthermore, there are no active certifications for opioid therapy, the request is not medically necessary.

1 request for review of UDS results and preparation of narrative report: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: With regard to drug testing, the MTUS states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines are silent on review and preparation of narrative reports of UDS results. However, as the request for UDS was not indicated, the request is not medically necessary.