

<b>Case Number:</b>	CM14-0036126		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 records presented for review indicate that this 58-year-old female was injured on February 22, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 14, 2014, indicates that there are ongoing complaints of left shoulder pain and left-sided neck pain radiating to the left arm and hand. Current medications include Norco and tramadol. The physical examination demonstrated tenderness along the left shoulder and the left side of the neck. There was full range of motion of the shoulder. Neurological examination noted decreased sensation along the C6 and C7 dermatomes. An MRI of the cervical spine, a urine drug screen, and an anti-inflammatory cream are recommended. Previous treatment includes three shoulder surgeries as well as physical therapy, cortisone injections, and modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Closed MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**Decision rationale:** According to the ACOEM, an MRI of the cervical spine is indicated when there is physiologic evidence of neurologic dysfunction, but also when there is failure to progress in a strengthening program intended to avoid surgery. While the progress note dated March 14, 2014 indicates decreased sensation along the left upper extremity, there is no mention of any prior treatment, including physical therapy for the cervical spine. Therefore, this request is not medically necessary.

**NSAID Cream for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 11-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, topical anti-inflammatory medications are indicated to treat osteoarthritis and tendinitis, in particular that of the knee and elbow. There is little evidence to utilize topical anti-inflammatory for the treatment of the spine, hip, or shoulder. For this reason, this request is not medically necessary.

**Norco 10/325 mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80,91, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in her pain or function with the current regimen. As such, this request is not medically necessary.