

Case Number:	CM14-0036988		
Date Assigned:	06/25/2014	Date of Injury:	11/19/2003
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine & and is licensed to practice in California & Washington. 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 55-year-old female who reported an injury on 11/19/2003. The mechanism of injury was not stated. Current diagnoses include status post right shoulder acromioplasty, left shoulder capsulitis with subacromial impingement, left wrist capsulitis, right shoulder capsulitis, left hand capsulitis, and right epicondylitis. The injured worker was evaluated on 04/15/2014. The injured worker reported 6/10 pain located in the right shoulder. Current medications include Norco, verapamil, Lyrica, Cymbalta, and Vicodin. Physical examination revealed diminished strength in the right upper extremity, tenderness to palpation along the trapezius muscle, spasm, positive Speed's testing, limited range of motion, and decreased grip strength. Treatment recommendations at that time included continuation of the current medication regimen and trigger point injections for severe myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spirolactone 25 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 24 July 2014.

Decision rationale: According to the U.S. National Library of Medicine, spironolactone is used to treat certain patients with hyperaldosteronism, low potassium, heart failure, and in patients with edema caused by various conditions. It is also used alone or with other medication to treat high blood pressure. As per the documentation submitted, the injured worker is currently utilizing verapamil 120 mg. There is no documentation of this injured worker's current utilization of this medication. There is also no frequency listed in the current request. Therefore, the request for Spirolactone 25 mg #30 with 3 refills is not medically necessary and appropriate.

Norco 5/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 5/325 mg since 09/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request for Norco 5/325 #120 is not medically necessary and appropriate.

One trigger point injection: Upheld

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

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response. As per the documentation submitted, there was no evidence of circumscribed trigger points. There was also no mention of an exhaustion of conservative treatment. It was noted that the injured worker has been previously treated with trigger point injections. However, there was no evidence of objective functional improvement. Based on the clinical information received, the request is not medically necessary.