

<b>Case Number:</b>	CM14-0039176		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/13/2004
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury on 02/13/2004 due to unknown mechanisms. The injured worker's diagnosis was shoulder pain. The injured worker's past treatments was physical therapy. The injured worker received a prior piriformis muscle injection on 03/28/2012 and 11/28/2012 on the right and on 11/28/2012 and 09/07/2011. The injured worker's surgical history includes right shoulder surgery, Bankart procedure, and rotator cuff repair. Prior diagnostics include an MRI of the cervical spine. The injured worker complained of right shoulder pain. She also complained that the pain level has increased since last visit, and that the pain is worse in the morning. The injured worker did not provide any VAS pain score. Inspection of the right shoulder joint revealed no swelling, deformities, joint asymmetry, or atrophy. There was tenderness upon palpation in the acromioclavicular joint, bicipital groove, and supraspinatus/infraspinatus. Motor examination testing was limited by pain. Motor strength of left shoulder internal rotation was 5/5 on the right and left. The injured worker's pain medications were Zanaflex 2 mg, Kadian ER 20 mg, Vicodin 5/300 mg, Hydrocodone/Acetaminophen 5/500 mg and Morphine Sulfate ER 30 mg tablets. The patient's treatment plan was for a right shoulder injection. There was a request for a right shoulder injection, Baclofen 10 mg #30, and Kadian 10 mg #30. The rationale for the request was for increased pain. The Request for Authorization form was not provided with the documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Shoulder Procedure Summary last updated 12/27/2013.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** According to the California MTUS/ACEOM states 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 non-steroidal 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. There was a lack of documentation of recommended conservative treatment of physical therapy and exercise was submitted with documentation for review. There is documentation that the injured worker had received shoulder injections in the past with significant relief from pain; however, there is a lack of documentation as to when the injections were given. In addition, the request does not specify the type of injection or how many injections are to be administered. As such, the request for right shoulder injection is not medically necessary.

**Baclofen 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** According to the California MTUS, muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. It is also recommended that it be a non-sedating muscle relaxant. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most low back pain cases, they show no benefit beyond NSAIDs. The injured worker is complaining of right shoulder pain. According to Guidelines, muscle relaxants are an option for short-term treatment of acute exacerbation in patients with chronic low back pain. The injured worker does not have any objective or subjective notations in the documentation of having back pain or diagnoses. The documentation did not support the efficacy of the medication as evidence by significant functional improvement since introduction of the requested medication on 02/28/2014. In addition, the request for the proposed medication does not include a frequency. As such, the request for Baclofen 10 mg, #30 is not medically necessary.

**Kadian 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 01/07/2014.

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

**Decision rationale:** According to the California MTUS, the ongoing management of a patient taking opioid medications should include routine office visits and detailed documentation of the extend of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug taking behavior, and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation that was submitted for review lacks the mention of a quantifiable VAS pain score. There was no documentation of adverse side effects with the use of the opioid. The injured worker was not noted to have an issue with aberrant drug taking behavior. However, there were no results of a urine toxicology screen submitted with the documentation as to the consistent results to verify appropriate medication use. The criteria for ongoing use of opioid medications have not been met per Guidelines. In addition, the proposed request does not contain the frequency. The injured worker currently has prescriptions for Vicodin 5/300 mg, Hydrocodone/Acetaminophen 5/500 mg, and Morphine Sulfate ER at 30 mg which exceeds the recommended MED. As such, the request for Kadian 10 mg #30 is not medically necessary.