MAXIMUS Federal Services

Case Number:	CM14-0090506		
Date Assigned:	07/23/2014	Date of Injury:	05/04/2004
Decision Date:	09/12/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Interventional Spine, 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 64-year-old male with date of injury 5/4/04. The treating physician's handwritten report dated 5/23/14 is difficult to read but indicates that the patient presents with pain affecting the left groin and right shoulder rated 7/10. There are no physical examination findings included in the 5/23/14 report. In review of the utilization review report dated 6/5/14, the reviewer indicates the treater's report states that the patient is status post bilateral shoulder arthroscopy with positive response to steroid injection 6 months ago. The current diagnoses are residual hernia, right shoulder pain, and left shoulder pain. The utilization review report dated 6/5/14 denied the request for Norco and a right shoulder evaluation for trigger point, joint, bursa, fascia and tendon injections based on the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, long-term assessment Page(s): 88-89.

Decision rationale: The patient presents with chronic bilateral shoulder pain and inguinal pain that is rated a 7/10. The current request is for Norco 10/325mg #60 with 1 refill. In reviewing the treating physician's reports, it appears that the patient has been prescribed Norco since at least 1/30/14. There is no information provided in the reports to indicate the patient's response to the usage of Norco, and there is no documentation of any functional improvement with medication usage. The MTUS guidelines indicate that Norco is indicated for moderate to moderately severe pain. On pages 88 and 89, guidelines state the treating physician should "... document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS also requires documentation of "the four A's" (analgesia, activities of daily living, adverse effects, and aberrant behavior). In this case, such documentation is not provided. The MTUS further indicates, under "outcome measures", that documentation of average pain level, time it takes for medication to work, duration of relief with medication, et cetera, is required. In this patient's records submitted for review, none of this is provided. For medication efficacy, only a pain scale rating of 7/10 is documented. The documentation provided for review is inadequate to show medication efficacy. Therefore this request cannot be recommended as medically necessary.

Right Shoulder evaluation for trigger point, joint, bursa, fascia and tendon injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

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

Decision rationale: The patient presents with chronic bilateral shoulder pain and inguinal pain that is rated a 7/10. The current request is for a Right Shoulder evaluation for trigger point, joint, bursa, fascia and tendon injections. In reviewing the treating physician's report dated 5/23/14, there is an attached document that states, "Injection Clinic Referral Sheet." The physician feels the patient may be a candidate for an injection to the right shoulder, and the document states, "I am recommending that this patient is seen in the Injection Clinic to be evaluated for an injection to the right shoulder. Injects to be considered will include, but not limited to, trigger point, joint, bursa, fascia and tendon injections. No Epidural Steroid Injections will be done in this clinic." This request does not appear to be simply a consultation request, as the treater states "and provided an injection if appropriate". The ACOEM guidelines do recommend referral for consultation with a specialist when the treating physician requires assistance with diagnosis or treatment. In this case the treater has requested trigger point, joint, bursa, fascia and tendon injections. The MTUS Guidelines do support trigger point injections when certain criteria are met. The treating physician has not documented that the patient has any evidence upon palpation of a twitch response; nor is there documentation of referred pain to identify that a trigger point exists. The treating physician has requested multiple types of injections and has not provided any clinical information to support the request. If the request was intended to refer the patient to

an injection specialist for a consultation only, then there would be guideline support for that request. However, the current wording of the request is for an evaluation and multiple types of injections to be performed. Therefore this request cannot be recommended as medically necessary.