

Case Number:	CM14-0197006		
Date Assigned:	12/02/2014	Date of Injury:	02/16/2010
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/19/2014

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 Rehab 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 patient is a 53-year-old female with a date of injury of 02/16/2010. According to progress report dated 10/07/2014, the patient presents with right arm numbness. Examination finding revealed right wrist tenderness, and orthopedic testing was positive for right carpal tunnel syndrome and right shoulder impingement. The treating physician does not provide a list of diagnoses. Treatment plan is for refill of medications including Norco, ultrasound-guided right carpal tunnel injection, and an ultrasound-guided right shoulder subacromial injection. Progress report dated 08/05/2014 is a request form requesting an H-wave unit. Progress report dated 02/27/2014, which is a secondary treating physician report, discusses the patient's chronic acid reflux disease. Urine drug screens was provided on 2/27/14. The utilization review denied the request on 10/29/2014. Treatment reports from 10/28/2013 through 08/05/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88 and 89, 78.

Decision rationale: This patient presents with right upper extremity complaints. The current request is for 1 prescription for Norco 10/325 mg. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since 10/28/13. The treating physician has provided multiple progress hand written progress report that continually note "refill" of Norco without providing any discussion regarding the medication's efficacy. In this case, recommendation for further use of Norco cannot be supported as there is no before and after scale to denote a decrease in pain and functional improvement and changes in ADLs are not discussed. This there is one UDS provided for review, but no other discussion of possible aberrant behaviors or CURES report. Adverse side effects are not addressed either. The treating physician has not provided adequate documentation discussing the 4A's that are required by MTUS for opiate management. The requested Norco is not medically necessary.

1 Ultrasound guidance right carpal tunnel injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Chapter, Injection

Decision rationale: This patient presents with right upper extremity complaints. The current request is for 1 ultrasound-guided right carpal tunnel injection. ODG guidelines under its wrist/hand chapter, recommends corticosteroid injections for trigger finger and for DeQuervain's. The medical file does not indicate that the patient has tried injections for the right wrist. In this case, the treating physician does not confirm the diagnosis of DeQuervain's or triggers fingers to warrant injection therapy, as discussed in ODG. ODG guidelines do not support injections for other conditions. The requested injection is not medically necessary.

1 Right shoulder subacromial steroid injection with ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter, Steroid injections

Decision rationale: This patient presents with right upper extremity complaints. The current request is for 1 right shoulder subacromial steroid injection with ultrasound guidance. The

Utilization review denied the request stating that the patient has undergone conservative treatment and remains symptomatic and the patient already had a prior ultrasound of the shoulder. For shoulder injections, the ACOEM page 213 allows for 2 to 3 injections as part of a rehabilitation program. ODG Shoulder chapter, under Steroid injections has the following regarding 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." Given the lack of support for ultrasound guidance for shoulder injection, the request is not medically necessary.