

Case Number:	CM14-0202467		
Date Assigned:	12/15/2014	Date of Injury:	04/20/2009
Decision Date:	01/31/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 67-year-old woman who sustained a work-related injury on April 20, 2009. Subsequently, she developed chronic shoulders pain. The patient underwent left shoulder arthroscopy on April 20, 2009, revision right knee surgery on March 14, 2011, left tendon release in February 2009, left carpal tunnel release on January 12, 2011, and right carpal tunnel release on September 7, 2011. According to the progress report dated November 17, 2014, the patient complained of ongoing bilateral shoulder and wrist pain. The patient her pain level before medication as a 7/10, coming down to a 2-3/10 with medication. The patient did state some constipation and GI upset. The patient has had 3 cortisone injections and is not a surgical candidate. Objective findings included: increased pain with range of motion of her right shoulder. She was able to flex to about 100 degrees. The patient was diagnosed with right shoulder pain: the MRI dated August 16, 2010 showed complete tear of the rotator cuff and also biceps tendon; chronic right knee pain, bilateral wrist pain, bilateral foot pain, and depression secondary to chronic pain. The provider requested authorization for Tylenol #3 and cortisone injection to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tylenol No.3 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Tylenol#3 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. 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. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of reduction of pain and functional improvement with previous use of Tylenol #3. There is no clear documentation of the efficacy/safety of previous use of Tylenol #3. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Tylenol#3 is not medically necessary.

1 Cortisone Injection to the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to MTUS guidelines, shoulder complaints chapter, shoulder injection Two or three sub- Prolonged or frequent use acromial injections of cortisone injections local anesthetic and into the sub-acromial cortisone preparation space or the shoulder over an extended joint (D) period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears (C, D). Reviewing the patient file, there is no clinical or radiological evidence supporting that the patient is suffering from a rotator cuff inflammation, impingement syndrome, or small tears. There is no documentation that the treatment is a part of a rehabilitation program. In addition, the patient had already 3 cortisone injections and is not a surgical candidate. Therefore, the request of Right Shoulder cortisone Injection is not medically necessary.

