

Case Number:	CM14-0204113		
Date Assigned:	12/16/2014	Date of Injury:	02/13/2004
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 13, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; long- and short-acting opioids; sleep aids; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 19, 2014, the claims administrator denied requests for MS Contin and a shoulder injection while approving six additional sessions of acupuncture. The applicant's attorney subsequently appealed. In a May 23, 2014 progress note, the applicant reported 7/10 shoulder pain with medications versus 10/10 pain without medications. The applicant posited that she needed more morphine to address her reportedly higher level of pain. A shoulder surgery consultation was pending. The applicant's medication list included Zanaflex, Kadian extended release, Vicodin, baclofen, Synthroid, Zoloft, levothyroxine, melatonin, Provigil, Colace, Norco, iron, morphine sulfate extended release, and buspirone. The attending provider noted that the applicant had persistent shoulder pain generating ensuing difficulty performing activities of daily living including lifting her arm over head. The attending provider acknowledged that Kadian extended release was less effective in managing the applicant's pain complaints. The attending provider stated that a previous shoulder corticosteroid injection had provided significant pain relief and went on to appeal a previously denied right shoulder corticosteroid injection. The applicant did exhibit positive provocative testing about the shoulder, including a positive Hawkins maneuver, with flexion and abduction limited to 100 degrees. Kadian, Vicodin, and Zanaflex were all endorsed. TENS unit replacement pads were also suggested. A rather proscriptive 8-pound lifting limitation was renewed. It did not appear that the applicant was working with said limitation in place. In a May 30, 2014 telephone encounter, the attending

provider apparently noted that the applicant had been recently seen in the Emergency Department owing to a reported flare in pain. The applicant had apparently received opioids from the Emergency Department. On August 15, 2014, the applicant reported persistent complaints of shoulder pain. The applicant had received a shoulder corticosteroid injection in June 2014, the attending provider had suggested. The applicant's medication list, at this point, included MS Contin, Synthroid, Zoloft, melatonin, Colace, and BuSpar. The applicant was status post shoulder surgery, it was acknowledged. The attending provider suggested that the applicant receive prescriptions for MS Contin, baclofen, and Vicodin as her Workers' Compensation claims administrator was apparently not authorizing the same. The applicant posited that she would be bedridden without her pain medications. Six sessions of acupuncture were sought while a rather proscriptive 8-pound lifting limitation was renewed. The attending provider stated, somewhat incongruously, at the bottom of the report that he was prescribing the applicant with MS Contin, despite his earlier statement that he would have the applicant receive her pain medications from another provider. On October 10, 2014, the applicant stated that she could not complete her own laundry. The applicant stated that her friend and/or housekeeper were doing her laundry and dishes. Acupuncture was sought on the grounds that the applicant reported a 30% reduction in shoulder pain following acupuncture. The same, unchanged, 8-pound lifting limitation was renewed. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for MS Contin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. A rather proscriptive 8-pound lifting limitation remains in place, seemingly unchanged, from visit to visit. The applicant was having difficulty performing activities of daily living as basic as doing her chores, doing her laundry, washing her dishes, lifting, and reaching overhead, despite ongoing usage of morphine. The fact that the applicant is making intermittent trips to the Emergency Department reporting flares of pain likewise suggests that ongoing usage of morphine has not been altogether effectual. The applicant's commentary to the effect that she would be bedridden without her medications does not, in and of itself, constitute evidence of substantive improvement achieved as a result of the same. Therefore, the request was not medically necessary.

Right shoulder injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): TABLE 9-6, PAGE 213.

Decision rationale: The request for a right shoulder corticosteroid injection is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, prolonged or frequent usage of cortisone injections into the subacromial space of the shoulder joint is deemed "not recommended." Here, the applicant has had at least one prior corticosteroid injection in 2014 alone. The applicant failed to demonstrate a favorable response to the same. The applicant remained off of work. The applicant continued to report difficulty performing activities of daily living as basic as household chores, laundry, and washing her dishes. The previous corticosteroid injection failed to result in any improvement in the applicant's work status or work restrictions. The previous corticosteroid injection did not diminish the applicant's dependence on opioid agents such as morphine. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite at least one prior shoulder corticosteroid injection. Therefore, the request for a repeat right shoulder injection is not medically necessary.