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| <b>Case Number:</b>   | CM14-0208444 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 11/26/2012 |
| <b>Decision Date:</b> | 02/12/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2014 |

### 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 Family Practice 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 worker is a 49 year old female who was injured on 11/26/12 after slipping and falling, landing on her back and head. She was diagnosed with wrist sprain/strain, right hand fracture, right ankle sprain, head injury, shoulder impingement syndrome, and myofascial pain. She was later diagnosed with complex regional pain syndrome and depression. She was treated with various medications, TENS unit, chiropractor treatments, cognitive behavioral therapy, and physical therapy. On 11/20/14, the worker was seen by his primary treating physician for a planned paraffin wax bath for the wrist and ultrasound treatments for the shoulder. She reported a pain level of 5/10 on the pain scale (with the paraffin and ultrasound therapies), but she does feel that her shoulder and wrist feel more relaxed with the treatments. She also reported chiropractor treatments and TENS have been helpful. She was then recommended to continue chiropractor treatments, continue TENS, continue cognitive behavioral therapy, see a PM&R physician for consultation, continue her medications, and have her paraffin bath for her wrist as well as her ultrasound therapy for her shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder section, Ultrasound, therapeutic

**Decision rationale:** The MTUS ACOEM Guidelines do not discuss therapeutic ultrasound for shoulder injuries. The ODG, however, states that therapeutic ultrasound of the shoulder may be helpful for short-term use in settings of calcific tendonitis of the shoulder, however long-term use is not recommended. In the case of this worker, the ultrasound therapy appeared to have become a procedure used chronically for much longer than is likely to be beneficial functionally at this point. Although the worker was enjoying the therapy, there was no evidence of functional benefit found in the documents provided for review related directly to the shoulder ultrasound therapy. Therefore, the ultrasound will be considered medically unnecessary to continue.

**Parafin Wax baths to the right wrist for sprain/strain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-265.

**Decision rationale:** The MTUS ACOEM Guidelines state that for wrist injuries, at home applications of heat before or after exercises are as effective as those performed by a therapist, and may be recommended for symptomatic relief. Wax baths are a method of heat transfer, however, there is no evidence to suggest this modality, which is complicated and messy, is more effective than simpler and less expensive methods at home. In the case of this worker, the wax therapy was able to help the worker relax, but there was no evidence to suggest it provided any significant and long-lasting functional benefit as this was not documented in the notes available for review. Also, wax baths are not significantly superior to simpler methods of heat application. Therefore, the wax baths are medically unnecessary to continue.

**Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid

use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this entire review was completed regarding the Norco use, in particular the lack of evidence of functional benefit. Also, there was no number of pills or strength included in the request, which is required. Therefore, the Norco will be considered medically unnecessary to continue.