

Case Number:	CM15-0193565		
Date Assigned:	10/07/2015	Date of Injury:	06/02/2003
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female who sustained an industrial injury on 06-02-2003. Medical records indicated the worker was treated for joint pain, adhesive capsulitis right shoulder, sprain rotator cuff, and left fourth trigger finger. In the provider notes of 07-15-2015, the injured worker complains of severe right shoulder pain. An updated MRI (06-01-2015) demonstrated an atretic cuff with no repairable cuff left. Further shoulder surgery would be a reverse total shoulder replacement. Treatment to date has included subacromial injections of lidocaine, Marcaine and Kenalog under ultrasound guidance that provides her 4-6 months relief. On exam, the worker has well healed portal incisions on the right shoulder. Passive range of motion is forward flexion of 90 degrees, external rotation of 30 degrees, and internal rotation of 10 degrees with pain. On the left hand, she has a well-healed incision on the palmar aspect of the 4th digit after previous trigger finger release. She still has slight triggering of that finger and a painful palpable nodule. The plan is for right shoulder injection of lidocaine Marcaine and Kenalog under ultrasound guidance, acupuncture, and renewal of Norco (since at least 02-19-2015) for pain. The worker remains temporarily totally disabled. A request for authorization was submitted for Norco 10/325mg, #120, and [REDACTED] technique for 6 visits to the left 4th trigger finger. A utilization review decision 09-16-2015 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2003 and is being treated for right shoulder pain and a left hand fourth trigger finger. She underwent trigger finger release surgery in December 2013 and developed scar tissue. She had right shoulder arthroscopic surgery with rotator cuff repair and labral debridement in January 2015. In May 2015 she had increased shoulder pain after participating in therapy. There had been redevelopment of the left fourth trigger finger. A trigger finger injection was performed. When seen, there had been improvement after the injection. Norco was being prescribed for pain and was refilled. Authorization for six sessions of [REDACTED] based therapy was requested. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

[REDACTED] technique for 6 visits to the left 4th trigger finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Manipulation, Manual therapy.

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), Manipulation.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2003 and is being treated for right shoulder pain and a left hand fourth trigger finger. She underwent trigger finger release surgery in December 2013 and developed scar tissue. She had right shoulder arthroscopic surgery with rotator cuff repair and labral debridement in January 2015. In May 2015 she had increased shoulder pain after participating in therapy. There had been redevelopment of the left fourth trigger finger. A trigger finger injection was performed. When seen, there had been improvement after the injection. Norco was being prescribed for pain and was refilled. Authorization for six sessions of [REDACTED] based therapy was requested. Manipulation of the forearm, wrist, or hand is not recommended. Manipulation has not been proven effective in high quality studies and smaller studies have shown comparable effectiveness to other conservative therapies. If a decision is made to use this treatment despite

the lack of convincing evidence, there should be a fading of skilled treatments from up to 3 visits per week to 1 or less, plus active self-directed home therapy with treatments limited to 9 visits over 8 weeks. In this case, the treatment being requested is not recommended and, if it were to be used, the initial number of treatments is in excess of that recommended. The request is not considered medically necessary.