

Case Number:	CM15-0024323		
Date Assigned:	02/13/2015	Date of Injury:	10/01/2012
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 year old female sustained a work related injury on 10/01/2012. According to a progress report dated 12/15/2014, the injured worker was noted to be worse and having a severe and substantial flare up. The cold weather and work had aggravated her neck, shoulder and right upper extremity. Neck pain was rated 8-9 on a scale of 1-10. Right shoulder pain was rated 10. Pain radiating to the arm was rated 6 and becomes an 8 with repetitive use. Right hand pain was rated 6 and pain in the right shoulder blade was rated 9. Norco and Tramadol was noted to have been helping. The injured worker was currently working full duty. Diagnoses included cervical radiculopathy with disc herniation, significant right shoulder impingement syndrome with acromioclavicular arthropathy and possible rotator cuff tear and cervicalgia. The injured worker felt like the shoulder had regressed to the point of where she had her original injury. The provider noted that an MRI would be requested due to consistent symptoms greater than 4-6 weeks. The injured worker was given an injection of lidocaine and Celestone which was noted to have helped on one other occasion. Because of her severe flare-up Toradol was given also. A prescription of Norco and Tramadol were given. The injured worker alternated taking these medications. According to a progress report dated 07/11/2014, the injured worker was given two intramuscular injections of Toradol. On 01/08/2015, Utilization Review non-certified Norco 10/325mg #90, Ultram 50mg #90, retrospective urinalysis (date of service 12/15/2014), MRI right shoulder, retrospective injection of lidocaine and Celestone; right shoulder (date of service 12/15/2014) and retrospective intramuscular injection of Toradol; 2cc Toradol (date of service 12/15/2014). According to the Utilization Review physician, in regard to Norco, the treating

physician did not quantifiably document any functional improvement or pain relief with visual analog scale pre and post opioid use. Norco was noncertified on 08/15/2014 due to similar lack of documentation. There was no pain contract on file and no rationale for the concurrent use of two short acting opioids. In regard to Tramadol, the treating physician did not quantifiably document any functional improvement or pain relief with visual analog scale pre and post opioid use. Tramadol was modified on 08/15/2014 to allow for the appropriate documentation to be provided or for weaning to be initiated yet this documentation was not provided and weaning was not initiated. There was no pain contract on file and no rationale for the concurrent use of two short acting opioids. CA MTUS Chronic Pain Treatment Guidelines, Opioids were referenced in regard to Norco and Tramadol. In regard to urinalysis, a urine drug screen is not supported so soon after prior testing. Official Disability Guidelines Pain Chapter was referenced. In regard to MRI of the right shoulder, without the results from a previous MRI and previous progress notes, it cannot be inferred that the injured worker had a significant change in symptoms warranting a repeat MRI. Official Disability Guidelines Shoulder Chapter was referenced. In regard to right shoulder injection, the injured worker has received injections in the past but there was no documentation concerning how many injections have been performed, when the last injection was performed and what quantifiable functional improvement was obtained. In regard to Toradol injection, there was no evidence obtained of functional improvement following the last Toradol injection on 07/11/2014. Official Disability Guidelines Pain Chapter was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325mg, #90 is not medically necessary.

Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. ODG further states: Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. No documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Ultram 50mg #90 is not medically necessary.

Retrospective urinalysis (Date of service: 12/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:-

low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-high risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. There was a urine drug test on 7/11/2014. Given the low risk, per medical records and guidelines, the next 'routine' drug test would be in one year. The treating physician does not indicate extenuating circumstances to warrant deviation from the guidelines. As such, the request for Retrospective urinalysis (Date of service: 12/15/14 was not necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) ODG states: Indications for imaging Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008). The treating physician does document positive impingement signs on physical exam. However, the treating physician notes that this MRI will be to 'update' the previous MRI, which was not provided. Per guidelines, a repeat shoulder MRI is typically not needed unless significant changes has occurred. The treating physician does not note what has change. As such, the request for MRI right shoulder is not medically necessary at this time.

Retrospective injection of lidocaine and celestone; right shoulder (Date of service: 12/15/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Injections.

Decision rationale: MTUS does not specifically detail shoulder steroid injection. ODG states regarding steroid shoulder injection, Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. ODG additionally details criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. The treating physician does mention that a prior shoulder injection was performed, but does not detail when and how many. Guidelines detail maximum number of injections to the shoulder. Additionally, sufficient time must lapse between steroid injection to avoid side effects. Given the lack of details pertaining to the above mentioned points, the request cannot be deemed necessary at this time. As such, the request for Retrospective injection of lidocaine and celestone; right shoulder (Date of service: 12/15/14) is not medically necessary at this time. The medical records do not indicate.

Retrospective intramuscular injection of Toradol; 2cc Toradol (Date of service: 12/15/14):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketorolac (Toradol®).

Decision rationale: Ketorolac/Toradol is an NSAID. MTUS does not specifically detail Ketorolac injection, but only in the context of oral NSAID usage. ODG states, "Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy." The treatment notes document ongoing opioid therapy concurrent with IM toradol injection, which is not consistent with guideline recommendations. The notes did not indicate discontinuation of opioid therapy immediately after the IM injection. As such, the request for Retrospective intramuscular injection of Toradol; 2cc Toradol (Date of service: 12/15/14) was not medically necessary.