

<b>Case Number:</b>	CM15-0024802		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/07/1989
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 65 year old female who sustained an industrial injury on 2/7/89. The injured worker reported symptoms in the neck. The diagnoses included cervical spondylosis without myelopathy, unspecified osteoporosis and subacromial bursitis. Treatments to date include oral pain medication, acupuncture treatment and injections. In a progress note dated 1/19/15 the treating provider reports the injured worker was with neck pain rated at 5/10 and noted "the pain is improved by acupuncture." On 1/28/15 Utilization Review non-certified the request for Tylenol/Codeine #4 300-60 milligrams quantity of 120 and left shoulder subacromial bursa injection. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol/Codeine #4 300 mg -60 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35. Decision based on Non-MTUS Citation Pain, (Tylenol with Codeine®)

**Decision rationale:** MTUS and ODG state regarding codeine: Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. ODG further states regarding opioid usage: Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED). The medical records do not indicate what first-line treatment was trialed and failed. Additionally, medical records do not detail how the patient's pain and functional level with Tylenol with Codeine has improved. As such, the request for Tylenol/Codeine #4 300 mg - 60 mg #120 is not medically necessary.

**Left Shoulder Subcromial Bursa Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-212. Decision based on Non-MTUS Citation Shoulder, Steroid Injections

**Decision rationale:** ODG 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. ACOEM states: Two or three sub-acromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears (C, D) Diagnostic lidocaine injections to distinguish pain sources in the shoulder area (e.g., impingement) (D). ACOEM C = Limited research-based evidence (at least one adequate scientific study of patients with shoulder disorders). ACOEM D = Panel interpretation of information not meeting inclusion criteria for research-based evidence. The treating physician has not provided documentation of subjective or objective findings that warrant this procedure. As such, the request for Left Shoulder Subcromial Bursa Injection is not medically necessary.

