

Case Number:	CM15-0213478		
Date Assigned:	11/03/2015	Date of Injury:	10/22/2008
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/29/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 41-year-old male who sustained an industrial injury on 10-22- 2008. According to a progress report dated 09-23-2015, the injured worker continued to have neck pain and chronic unrelenting pain in the left shoulder. Pain intensity was not rated using a numerical scale in the 09-23-2015 progress report. He had difficulty with occasional muscle spasms, pain over the subacromial region of the shoulder and crepitus with certain movement. He continued to take Norco 2 or 3 tablets a day, Flexeril as needed, Celebrex one daily and Neurontin 300 mg at bedtime. His last prescription for 240 Norco (3 month supply) was not approved. He required medications to function and had been "very compliant". Specific examples of improvement with activities of daily living or functioning with use of medications were not documented in the 09-23-2015 progress report. Shoulder strength and function and range of motion had "gradually improved", but he continued to have residual discomfort and fatigue with any attempted prolonged use of the arm. Objective findings included significant crepitus with shoulder range of motion, especially with forward flexion and internal and external rotation, more pronounced with resistance. Pain was elicited during a Neer impingement test and Hawkins-Kennedy impingement test. There was tenderness mostly in the anterior subacromial region occipital groove and anterior glenohumeral region. Assessment included osteoarthritis of left shoulder, osteoarthritis of left shoulder AC joint, left anterior glenoid labrum lesion with residual bicipital tendinitis and sprained left superior glenoid labrum lesion. Prescriptions were written for Norco 240, 2-3 tablets per day. The injured worker remained permanently disabled. Recommendations included Orthovisc injections for the left shoulder. He

was to continue with the use of the TENS unit for chronic right shoulder pain. Follow-up was indicated in 12 weeks. Documentation shows long-term use of Norco dating back to 2014. Urine toxicology reports were not submitted for review. On 09-26-2015, the provider requested authorization for Orthovisc injections left shoulder series of 3 injections and Norco 10-325 mg #240. On 09-29- 2015, Utilization Review non-certified the request for 3 Orthovisc injection for the left shoulder and Norco 10-325 mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Orthovisc injections for the left shoulder: 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), Shoulder, Hyaluronic acid injections.

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

Decision rationale: According to ODG Shoulder / Hyaluronic acid injections, hyalgan and viscosupplementation in the shoulder is "Not recommended, based on recent research in the shoulder, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. Was formerly under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. The osteoarthritis recommendation was downgraded based on recent research below, plus recent research in the Knee Chapter, the primary use for Hyaluronic acid injections, which concludes that any clinical improvement attributable to hyaluronic acid injections is likely small and not clinically meaningful. An earlier RCT of sodium hyaluronate in 666 patients concluded that the primary end point of the study (improvement in terms of shoulder pain at thirteen weeks) was not achieved, but the overall findings, including secondary end points, indicated that sodium hyaluronate was effective and well tolerated for the treatment of osteoarthritis, but not rotator cuff tear or adhesive capsulitis. (Blaine, 2008) This meta-analysis concluded that, for treatment of chronic painful shoulder, hyaluronate injections are a safe and effective alternative to other conservative methods. The analysis suffered from low methodological reporting quality of the trials and from an absence of long-term efficacy data. (Saito, 2010)"In this case, the use of hyaluronic acid for viscosupplementation in the shoulder is not recommended per ODG guidelines thus the recommendation is not medically necessary.

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/23/15. Therefore, the determination is not medically necessary.