MAXIMUS Federal Services

Case Number:	CM15-0031995		
Date Assigned:	02/25/2015	Date of Injury:	05/27/2008
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/20/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old female, who sustained an industrial injury on 5/27/2008. The diagnoses have included myofascial pain syndrome, lumbar spondylosis, cervical spondylosis, knee pain and thoracic spondylosis. Treatment to date has included cortisone injections, acupuncture (2012) and medication. The injured worker underwent an ultrasound-guided injection to the right shoulder on 10/21/2014. According to the progress report dated 1/13/2015, the injured worker reported having worsening pain in the low back that was helped in the past after radiofrequency denervation of the lumbar facet joints performed in February 2013. The injured worker reported that acupuncture had been helpful in the past in reducing her symptoms temporarily. She also complained of continued pain in her neck and right shoulder. In the past, a steroid injection into her right shoulder had been helpful in reducing her pain up to 60% for several months. Current medications included Gabapentin and Norco. Physical exam revealed tenderness to palpation of the lumbar paraspinals and L4-5 and L5-S1 facet joints bilaterally. There was tenderness to palpation of the posterior aspect of her right shoulder and tenderness to palpation of the cervical paraspinals. She had a mildly antalgic gait. Authorization was requested for Norco, acupuncture and a right shoulder cortisone injection. On 2/3/2015, Utilization Review (UR) modified a request for Norco 10/325mg #120 to Norco 10/325mg #72 citing the Medical Treatment Utilization Schedule (MTUS). UR non-certified a request for an ultrasound guided cortisone injection to the right shoulder, citing The American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescripton of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: Per the 01/13/15 report, the patient presents with pain in the lower back, neck and right shoulder rated 8/10. The current request is for 1 prescription Norco 10/325mg #120/Hydrocodone, an opioid. The RFA is not included; however, the 02/03/15 utilization review states the request is from the report of 01/26/15. This report is not included for review. The request was modified from #120 to #72. Current reports do not state if the patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since at least 07/11/14. The treater states that the patient's current pain regimen of Gabapentin and Norco help the patient's pain and helps "take the edge off". Pain scales are routinely used to assess pain as 7-8/10 from 05/13/14 to 02/11/5. It is not stated if this is pain with our without medications. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. The reports state medication helps the patient's ADL's; however, no specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not fully documented. The treater does state that there are no adverse side effects and states repeatedly that CURES and UDS's will be monitored; however, no specific CURES check or UDS report is cited and there is no discussion regarding the results. No UDS's are included for review. In this case, Analgesia, ADL's and opiate management have not been documented as required by the MTUS guidelines. Therefore, the request IS NOT medically necessary.

One (1) ultrasound guided corticosteroid injection to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Steroid injections.

Decision rationale: Per the 01/13/15 report the patient presents with pain in the lower back, neck and right shoulder rated 8/10. The current request is for 1 ultrasound guided corticosteroid injection to the right shoulder per the 01/26/15 RFA. Current reports do not state if the patient is working.ODG, Shoulder Chapter, Steroid injections, states, Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. Criteria include: "Generally performed without fluoroscopic or ultrasound guidance." The treater states the patient received a prior injection to the right shoulder that was helpful in reducing pain in the shoulder and neck. The 10/21/14 procedure report is included. However, the treater does not state how long the benefit of the prior injection lasted. Per ODG, criteria for steroid injections include a diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems. There is no evidence provided of such a diagnosis for this patient. Furthermore, guidelines state injections are generally performed without ultrasound guidance and this request includes ultrasound guidance. In this case, the request IS NOT medically necessary.