

<b>Case Number:</b>	CM15-0052741		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/10/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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:

The injured worker is a 45 year old female, who sustained an industrial injury on January 10, 2010. She has reported left shoulder pain, left arm pain, left hand pain, and right shoulder pain. Diagnoses have included exacerbation of chronic shoulder pain, reflexive sympathetic dystrophy of the left upper extremity, impingement syndrome, osteoarthritis of the shoulder, and left shoulder pain. Treatment to date has included medications, right shoulder surgery, stellate ganglion injections, and imaging studies. An emergency department evaluation dated February 4, 2015 indicates a chief complaint of increased right shoulder pain. The treating physician documented a plan of care that included medications and follow up with pain physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decadron administration in Emergency Room DOS 2/4/15:** Upheld

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

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

**Decision rationale:** The MTUS is silent regarding the use of corticosteroids, ODG recommends oral corticosteroids for the treatment of acute radicular pain associated with the low back, but not for chronic pain, unless the patient presents with polymyalgia rheumatica. Medrol is not approved for the treatment of pain. In this case, the patient presented to the ED on 2/4/15 with an acute exacerbation of pain in the shoulder. The exam was w/o concern for fracture or dislocation. She received treatment including an injection of Toradol, Decadron 10mg, and MSIR 10mg and was discharged with a shoulder sling. The patient was treated with a parental dose of Toradol which is a strong anti-inflammatory medication. She did not complain of low back pain or radicular symptoms. The use of decadron was not medically indicated for an acute exacerbation of shoulder pain.

**Morphine administration in Emergency Room DOS 2/4/15:** Overturned

**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 9792.20-.26 Page(s): 74-96.

**Decision rationale:** According to the MTUS management of patients, using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the patient had returned to work but was missing work due to increased pain with an acute exacerbation of shoulder pain. She was treated with parental NSAIDS, Toradol, and morphine IR 10mg. The documentation showed a decline in function due to exacerbation of pain. Treatment with a short acting morphine and toradol were reasonable to decrease pain and have the patient return to work.