

<b>Case Number:</b>	CM15-0057446		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 48-year-old female who reported an injury on 03/14/2010. The mechanism of injury was not specifically stated. The current diagnoses include discogenic lumbar condition, discogenic cervical condition, bilateral carpal tunnel syndrome, chronic pain syndrome, internal derangement of the left knee and impingement syndrome of the right shoulder. The injured worker presented on 03/06/2015 with reports of persistent pain in the neck, low back, right shoulder, right arm and left knee. The injured worker indicated that she needed a refill of medication, which helped to maintain function. Upon examination, there was tenderness along the right shoulder, rotator cuff and biceps tendon. There was a positive impingement and Hawkins sign. Shoulder abduction was noted at 120 degrees with shrugging. External rotation and abduction strength was at 5/5 with discomfort. Treatment recommendations at that time included a continuation of the current medication regimen of Norco, Lunesta, Protonix, tramadol ER, and fenoprofen. An MRI of the right shoulder and a referral to a pain management specialist was also recommended. A Request For Authorization form had been previously submitted on 02/02/2015.

### 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 Hydrocodone/Acetaminophen Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized Norco 10/325 mg since 09/2014. Despite the ongoing use of this medication, there is no documentation of objective functional improvement. There is also no mention of a failure of non-opioid analgesics. Documentation of a written consent or agreement for chronic use of an opioid was not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Tramadol extended release (ER) 150mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized tramadol ER 150 mg since 09/2014. Despite the ongoing use of this medication, there is no documentation of objective functional improvement. There is also no mention of a failure of non-opioid analgesics. Documentation of a written consent or agreement for chronic use of an opioid was not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Fenoprofen calcium 400mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fenoprofen; NSAIDs, GI symptoms & cardiovascular risk Page(s): 71; 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommend for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after

acetaminophen. In this case, it is noted that the injured worker has continuously utilized the above medication since 11/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. Guidelines do not support long-term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Magnetic resonance imaging (MRI) of the right shoulder, single position:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. According to the documentation provided, there was no mention of a recent attempt at any conservative treatment prior to the request for an imaging study. The injured worker underwent a right shoulder MRI in 2012. There is no evidence of a significant change in symptoms or physical examinations to support the necessity for a repeat imaging study. Given the above, the request is not medically appropriate.

**Pain management consultation:** 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), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, it is noted that the injured worker continues to experience chronic neck, low back, right upper extremity and left knee pain. While a referral to a pain management specialist may be considered, it is noted that the injured worker was issued authorization for a chronic pain specialist referral in 02/2015. The medical necessity for an additional referral to a pain management specialist has not been established. As such, the request is not medically appropriate.

**Follow up visit in 4 weeks:** 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), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state physician follow-up generally occurs when there is a release to modified, increased or full duty needed, or after appreciable healing or recovery can be expected. In this case, it is noted that the injured worker continues to report chronic pain over multiple areas of the body. While a follow-up office visit may be considered, it is noted that the injured worker was issued authorization for 1 follow-up visit in 4 weeks on 03/16/2015. The medical necessity for an additional follow-up visit has not been established. As such, the request is not medically appropriate.