

<b>Case Number:</b>	CM15-0240370		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old female who sustained an industrial injury on 08-18-2010. Medical records indicated the worker was status post Mumford procedure on the left shoulder, and status post left ankle open reduction internal fixation. In the provider notes 10-29-2015 the worker had complaint of persistent bilateral ankle and left shoulder pain. Her right ankle pain was rated as a 7-8 on a scale of 0-10 severity mostly on the medial aspect of right ankle. Standing and walking intensifies her pain which she describes as sharp shooting and throbbing pain that radiates to the right leg. She also has left shoulder pain that is constant and achy rated a 5-6 on a scale of 0-10 severity. Past treatments include surgery, physical therapy, and steroid injections of the shoulder (which have been helpful). Her current medications of Norco (since 08-21-2015), and Citalopram (since 08-21-2015) are helpful for pain and she is requesting refill of medications. The treatment plan includes injection of the left shoulder, refill of Norco and a follow up visit in 4-5 weeks. A request for authorization was submitted for: 1. Norco 5/325 MG #302. Left Acromioclavicular Region and Subacromial Bursal Injection with trigger Point in The Left Supraspinatus and Infraspinatus Muscles with Steroid 3. Follow-Up Visit in 4-5 Weeks. A utilization review decision 11-19-2015 non-certified the requests for: Norco 5/325 MG #30, Left Acromioclavicular Region and Subacromial Bursal Injection with trigger Point in The Left Supraspinatus and Infraspinatus Muscles with Steroid, and Follow-Up Visit in 4-5 Weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** The claimant sustained a work injury in August 2010 when she was run over by a burglar who was trying to escape in an automobile. She sustained injuries to both lower extremities and the left shoulder. She underwent left shoulder surgery with which was complicated by adhesive capsulitis. When seen in October 2015 she was having persistent ankle and left shoulder pain rated at 5-8/10. Medications were helping with pain. A prior steroid injection for her shoulder is referenced as having helped significantly and she wanted a repeat injection. Physical examination findings included left acromioclavicular joint more than glenohumeral joint tenderness. There was left supraspinatus and infraspinatus muscle tenderness. There was decreased left shoulder abduction and forward flexion to 100. There were left shoulder region muscle spasms. There was right ankle tenderness with decreased range of motion and strength. Diagnoses included left shoulder adhesive capsulitis. Authorization was requested for a shoulder injection. Norco 5/325 mg #30 was prescribed. Norco (Hydrocodone/Acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

**Left Acromioclavicular Region and Subacromial Bursal Injection with trigger Point in The Left Supraspinatus and Infraspinatus Muscles with Steroid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

**Decision rationale:** The claimant sustained a work injury in August 2010 when she was run over by a burglar who was trying to escape in an automobile. She sustained injuries to both lower extremities and the left shoulder. She underwent left shoulder surgery with which was complicated by adhesive capsulitis. When seen in October 2015 she was having persistent ankle and left shoulder pain rated at 5-8/10. Medications were helping with pain. A prior steroid

injection for her shoulder is referenced as having helped significantly and she wanted a repeat injection. Physical examination findings included left acromioclavicular joint more than glenohumeral joint tenderness. There was left supraspinatus and infraspinatus muscle tenderness. There was decreased left shoulder abduction and forward flexion to 100. There were left shoulder region muscle spasms. There was right ankle tenderness with decreased range of motion and strength. Diagnoses included left shoulder adhesive capsulitis. Authorization was requested for a shoulder injection. Norco 5/325 mg #30 was prescribed. A shoulder steroid injection is recommended as an option when shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant has already had a shoulder injection, but the type of injection and degree and duration of pain relief are not documented. She has physical examination findings consistent with adhesive capsulitis without findings of shoulder impingement which do not support the injection being requested. The requested injection was not medically necessary.