

Case Number:	CM14-0160404		
Date Assigned:	10/06/2014	Date of Injury:	06/15/2010
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old female with a date of injury of 06/15/2010. The listed diagnoses per [REDACTED] are: 1. Right shoulder impingement syndrome. 2. Right shoulder rotator cuff tear. 3. Right shoulder pain. 4. Chronic pain syndrome. 5. Chronic pain related insomnia. 6. Myofascial syndrome. 7. Neuropathic pain. 8. Chronic pain related depression. 9. Prescription narcotic dependence. According to progress report 08/25/2014, the patient presents with complaints of pain in her bilateral shoulders, biceps, and scapulae area. The patient states she is working 6 hour shifts and has a break every 2 hours and has some pain but "it is not as bad." The patient's pain is rated 9/10 right now. Without medications, it is 10/10 and with pain medication the patient rates pain as 8/10. Examination notes blood pressure, pulse, height, weight, temp, and BMI. The treater states that the patient should have a new set of MRI for the shoulders as it was recommended by AME (agreed medical evaluation). No AME/QME reports were provided for my review. The treater is also requesting refills of medication. Utilization review denied the request on 09/03/2014. Treatment reports from 01/03/2013 through 08/25/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, Qty: 240.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: This patient presents with bilateral shoulders, biceps, and scapulae pain. The treater is requesting Norco 5/325mg to be taken every 6 hours as needed (prn) #240. Utilization review modified the certification from the requested #240 to #120. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. This patient has been taking Norco since 3/25/13. Progress reports document a reduction of pain from 10/10 to 8/10 and it is reported that the patient is able to stay active and work six hour shifts with medications. On 08/25/2014, the patient reported that she has some pain but it is not too bad and "she is happy to be at work." The treater provides urine drug screens to assess medication compliance. In this case, the patient is able to work with current medications and the treater discusses analgesia, functional improvement and provides urine drug screens. Given the medications efficacy and treater's sufficient documentation for opioid management, recommendation is for approval.

Butrans patch 10mcg, Qty: 8.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 27-28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: This patient presents with bilateral shoulders, biceps, and scapula pain. The treater is requesting Butrans patch 10mcg, #8. Utilization review modified the certification from the request 8 patches to 6 patches. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. This patient has been utilizing Butrans Patches since at least 11/21/2013. Progress reports document a reduction of pain from 10/10 to 8/10 and it is reported that the patient is able to stay active and work six hour shifts with medications. On 08/25/2014, the patient reported that she has some pain but it is not too bad and "she is happy to be at work." The treater provides urine drug screens to assess medication compliance. In this case, the patient is able to work with current medications and the treater discusses analgesia, functional improvement and provides urine drug screens. Given the medications efficacy and treater's sufficient documentation for opioid management, recommendation is for approval.

MRI of right shoulder (high resolution 1.5 tesla machine only) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: This patient presents with continued bilateral shoulders, biceps, and scapula pain. This is a request for MRI of the right shoulder. The treater in his report 08/25/2014 requests an MRI of the bilateral shoulders (high resolution 1.5 Tesla Machine only), stating that it was recommended by an AME. No AME/QME reports are provided for my review. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." This patient has had an MRI of the right shoulder in 2011 which revealed tendinosis and a small full thickness tear. In this case, the patient has continued right shoulder pain, but the treater does not provide any physical examination, there are no red flags or deterioration neurologically noted to consider another set of MRI. Recommendation is for denial.

MRI of left shoulder (high resolution 1.5 tesla machine only) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: This patient presents with bilateral shoulder biceps and scapula pain. This is a request for MRI of the left shoulder. The treater in his report 08/25/2014 requests an MRI of the bilateral shoulders (high resolution 1.5 Tesla Machine only), stating that it was recommended by an AME. No AME/QME reports are provided for my review. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." The medical records do not indicate that the patient has had an MRI of the left shoulder. In this case, none of the progress reports provided physical examination of the shoulders. There is no discussion of neurological deficits, decreased ROM (range of motion) or suspicion of rotator cuff pathology to warrant an MRI of the left shoulder. Recommendation is for denial.

TG Hot compound ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: This patient presents with bilateral shoulder biceps and scapula pain. This is a request for MRI of the left shoulder. The treater is requesting TG hot compound cream. The MTUS Guidelines regarding topical analgesics states "it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Gabapentin, which is one of the ingredients in this topical cream, is not recommended as a topical formulation. Therefore, the entire compounded formulation is not recommended. Recommendation is for denial.