

<b>Case Number:</b>	CM14-0163005		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 underlying date of injury in this case is 08/14/2013. The date of the utilization review under appeal is 09/12/2014. The patient's diagnoses include continuous trauma injury, cervical pain with disc bulging, probable left upper extremity radiculopathy, and left shoulder impingement syndrome. The patient was seen in orthopedic consultation on 08/14/2014 with ongoing symptoms in the neck, bilateral shoulders, left arm, left elbow, bilateral wrists, and bilateral hands as well as the left leg and leg knee. The patient was noted to have been injured while working as a painter helper. The patient had pain starting in the neck and radiating into his left arm which appeared to be neuropathic in nature. Therefore, the treating physician recommended a spine surgeon evaluation. Additionally the patient was noted to have a left shoulder impingement syndrome with bursitis and possible partial-thickness tear. The treating physician recommended a corticosteroid injection to the left shoulder, although the patient's diabetes with a contraindication, particularly given his sugars in the mid 200s. The patient was to follow up with his primary physician and a pain management physician. Initial physician review noted that there was no documentation of functional improvement from opioids and that prior physician reviews recommended weaning of opioid medication. The review noted that there was no documentation of objective functional improvement or progressive return to work with anti-inflammatory medications. That review also noted that there was limited documentation of improvement after prior steroid injection to the left shoulder and limited evidence of failed conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 tab every 8 hours for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, discuss the four A's of opioid management, discussing indications for ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records are very limited and do not discuss these four A's of opioid management. Overall, the records do not provide a rationale or indication for ongoing opioid use. This request is not medically necessary.

**Anaprox DS 1 tab every 8 hours:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discuss anti-inflammatory medications, noting that anti-inflammatories are the traditional first line of treatment to reduce pain and help to improve function. A prior physician review noted that specific quantitative improvement in function was not documented. The treatment guidelines do not require strict documentation of objective functional improvement as would be the case for opioids. A general discussion of functional improvement and subjective improvement of pain from anti-inflammatory medications is sufficient to meet the treatment guidelines for anti-inflammatory medication use in the absence of a contraindication medically. This request is medically necessary.

**Steroid injection to left shoulder, left elbow:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** The Medical Treatment Utilization Schedule does not specifically discuss this treatment. The Official Disability Guidelines/Treatment in Workers Compensation discuss steroid injection to the left elbow in particular, recommending such treatment only with caution

given the potential of a paradoxical worsening of symptoms. The same guideline regarding the shoulder states that steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. The medical records in this case outline concerns as well regarding this patient's comorbidity of diabetes. Considering that comorbidity of diabetes and the equivocal support from the guidelines in general regarding steroid injections to the shoulder or elbow, this request is not supported by the treatment guidelines. This request is not medically necessary. I note that in addition, the ACOEM Guidelines, chapter 9, shoulder, page 204, note that invasive techniques in the shoulder have limited proven value. Again, for this additional reason, particularly given the patient's comorbidity of diabetes, the requested injection is not supported by the treatment guidelines. This request is not medically necessary.