

<b>Case Number:</b>	CM14-0180721		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Orthopedic Surgery 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:

52 year old female claimant with an industrial injury dated 12/07/10. Exam note 08/27/14 states the patient returns with left shoulder pain. The patient is status post an ultrasound guided injection to the right shoulder dated 07/22/14 in which was beneficial. The patient rates the pain a 7/10 and reports having decreased range of motion. The patient states there is numbness and tingling throughout the left upper extremity and increased pain with prolonged position of the head. Current medications include Sonata, and Motrin. Upon physical exam the patient had tenderness in the bilateral paravertebral muscles and upper trapezius. The patient had spasms and was muscle guarding. The patient demonstrated a decreased range of motion with increased pain in all planes. The patient completed a positive Spurling's test and decreased sensation along C7-C8. There was also tenderness along the left shoulder, in addition to crepitus as well as increased pain with impingement. Exam note 09/29/14 states the patient returns with functional benefit as a result of the medication but overall still has shoulder pain. Treatment includes a continuation of medication and a left shoulder manipulation under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800 mg, 120 count:** Upheld

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

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

**Decision rationale:** According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, page 67, NSAIDs, specific recommendations are for "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)"There is insufficient evidence to support functional improvement on Ibuprofen or osteoarthritis from the exam note of 8/27/14 to warrant usage. Therefore the determination is not medically necessary.

**Sonata 10 mg, thirty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Handbook of Medical Psychiatry, 2nd Edition, Moore & Jefferson, Mosby, Inc., pages 230 and 460

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Sonata. According to ODG, Pain section, Insomnia treatment, Sonata is a non-benzodiazepine sedative-hypnotic. The submitted exam note from 8/27/14 does not demonstrate evidence of a sleep disturbance, which would require this medication. Therefore the determination is not medically necessary.

**Left shoulder DX Ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Ultrasound, Diagnostic

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of diagnostic ultrasound on the shoulder. According to ODG, Shoulder section, ultrasound, diagnostic, it is recommended for detection of full thickness rotator cuff tears. In this case the submitted clinical notes demonstrate no evidence clinically to suspect a full thickness rotator cuff tear. Therefore the determination is not medically necessary.

**Surgical consultation in consideration of left shoulder MUA:** 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 Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for adhesive capsulitis.

**Decision rationale:** CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, surgery for adhesive capsulitis, "Under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment." The guidelines recommend an attempt of 3-6 months of conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case there is insufficient evidence of failure of conservative management in the notes submitted from 8/27/14. Until a conservative course of management has been properly documented, the determination is not medically necessary.