

Case Number:	CM14-0092989		
Date Assigned:	09/12/2014	Date of Injury:	05/04/2004
Decision Date:	10/06/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/19/2014

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:

This 64 year-old patient sustained an injury on 5/4/04 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Norco 10/325 #60 and Right Shoulder Evaluation for Injection Trigger Point, joint bursa, fasci, and tendon injections. Diagnoses included unilateral inguinal hernia without obstruction or gangrene; shoulder joint pain/ sprain of shoulder and upper arm unspecified; thoracic sprain; arthroscopic converted to open procedure. The patient underwent acromioplasty, debridement, Nd Mumford's surgery on 5/13/13 with post-operative therapy. Conservative care has included medications, therapy, acupuncture, and modified activities/rest. Hand-written illegible report of 5/23/14 noted patient with ongoing chronic groin pain and right shoulder pain rated at 7/10 s/p cortisone injections 6 months prior. Treatment plan included medications of Norco, Naproxen, and right shoulder injection. Report of 8/25/14 from a provider noted the patient with shoulder pain rated at 3-4/10 with sensation of heaviness. Pain radiated from shoulder to right neck; had trigger point injection with some relief. Exam showed cervical spine with painful range of motion; shoulder with painful range; tenderness and spasm in shoulder; positive Neer's and Hawkin's impingement tests. Request for chiropractic treatment was modified per peer review of 9/11/14. The request(s) for Norco 10/325 #60 and Right Shoulder Evaluation for Injection Trigger Point, joint bursa, fasci, and tendon injections were determined not medically necessary on 6/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The request(s) for Norco 10/325 #60 and Right Shoulder Evaluation for Injection Trigger Point, joint bursa, fasci, and tendon injections were non-certified on 6/16/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325 #60 is not medically necessary and appropriate.

Right Shoulder Evaluation for Injection Trigger Point: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Second Edition(2004), Examinations and Consultations, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: Evaluation for Injection Trigger Point, joint bursa, fasci, and tendon injections were deemed not medically necessary on 6/16/14. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient has unremarkable unchanged clinical findings without positive red-flag conditions for shoulder orthopedic consult. Additional, it is not clear what injection is warranted given no indication for consultation. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The patient underwent multiple cortisone and trigger point injections without demonstrated functional improvement. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific

documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs which are medically contraindicated for TPI's criteria. The patient underwent previous TPII treatment without documented functional improvement in terms of decreased medication dosage, medical utilization, increased ADLs, and work status. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Right Shoulder Evaluation for Injection Trigger Point, joint bursa, fasci, and tendon injections is not medically necessary and appropriate.