

<b>Case Number:</b>	CM15-0110574		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/21/2002
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 is a 69-year-old male with a June 21, 2002 date of injury. A progress note dated May 19, 2015 documents subjective findings (neck pain; bilateral shoulder and arm pain; pain rated at a level of 8/10 without medications and 6/10 with medications; average pain in the past month rated at a level of 7/10), objective findings (cervical spine tenderness; moderate pain with cervical spine range of motion; left shoulder tenderness; moderate pain with range of motion of the left shoulder; marked reduction in range of motion of the left shoulder; right shoulder tenderness; moderate pain with range of motion of the right shoulder), and current diagnoses (facet arthropathy; disorders of the bursae and tendons in the shoulder region; myalgia and myositis; ankylosing spondylitis; cervical degenerative disc disease; neck pain; rotator cuff sprain; lumbar post laminectomy syndrome; thoracic or lumbosacral neuritis or radiculitis; chronic pain syndrome). Treatments to date have included medications, lumbar spine surgery, trigger point injections of the neck with well over 70% pain relief for several months, left shoulder injection on March 5, 2014 with significant pain relief and improved shoulder range of motion, and imaging studies. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included left shoulder subacromial larger joint injection, office visit to administer the injection, and prescriptions for Tizanidine and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder subacromial large joint injection: 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), Imaging guidance for shoulder injections, Criteria for Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder injections.

**Decision rationale:** According to the ACOEM guidelines, a subacromial injection may be indicated after a trial of conservative treatment when there is continued pain with rotation that significantly limits activities. The ODG states that the indications for injection include adhesive capsulitis, impingement syndrome, or rotator cuff problems. Injection may be an option when conservative treatment of at least 3 months fails to control symptoms and pain interferes with functional activities. The injections are generally performed without fluoroscopic or ultrasound guidance. In this case, the patient has received a total of 5 injections to the left shoulder and there is no objective evidence of any meaningful functional improvement. Medical necessity for the requested shoulder injection has not been established. The requested procedure is not medically necessary.

**Office visit to administer injection: 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), Imaging guidance for shoulder injections, Criteria for Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder injections.

**Decision rationale:** According to the ACOEM guidelines, a subacromial injection may be indicated after a trial of conservative treatment when there is continued pain with rotation that significantly limits activities. The ODG states that the indications for injection include adhesive capsulitis, impingement syndrome, or rotator cuff problems. Injection may be an option when conservative treatment of at least 3 months fails to control symptoms and pain interferes with functional activities. The injections are generally performed without fluoroscopic or ultrasound guidance. In this case, the patient has received a total of 5 injections to the left shoulder and there is no objective evidence of any functional improvement. Medical necessity for the requested repeat shoulder injection has not been established. The requested procedure is not medically necessary.

**Tizanidine HCL 4mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

**Decision rationale:** Tinazidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has no reported lumbar spasm on physical exam. There is also no documentation of functional improvement with the use of this medication. The guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. Medical necessity for the requested medication has not been established. The requested medication, Tizanidine, is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures, Opioids, Criteria for use of opioids, Weaning of medications Page(s): 48, 76-81, 94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

**Decision rationale:** According to MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, return to work, random drug testing, or opioid contract. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.