

<b>Case Number:</b>	CM15-0112849		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	02/17/1997
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 64-year-old male, who sustained an industrial injury on February 17, 1997. The injured worker has been treated for neck and bilateral shoulder complaints. The diagnoses have included left shoulder pain with mechanical symptoms, left shoulder osteoarthritic changes; neuropathic pain left upper extremity, cervical sprain/strain, cervical degenerative disc disease, bilateral cervical neuroforaminal stenosis, cervical radiculopathy and complex regional pain syndrome of the bilateral upper extremities. Treatment to date has included medications, radiological studies, electrodiagnostic studies, MRI, injections, stellate ganglion sympathetic blocks, physical therapy and multiple bilateral shoulder surgeries. Current documentation dated May 20, 2015 notes that the injured worker reported severe left shoulder pain, characterized as hot and burning. The injured worker also noted a popping noise in the shoulder. The injured worker also reported minimal neck pain radiating down both arms. The injured worker had received a cervical epidural steroid injection on 3/31/2015 and noted a seventy-five percent improvement in his symptoms. The treating physician recommended left shoulder replacement surgery. The treating physician's plan of care included a request for 2 Norco10/325 mg # 40 (not specified for shoulder pain as an outpatient), an electrocardiogram for medical clearance as an outpatient and medical clearance to include a history and physical and labs (not specified) as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Norco 10/325mg (dosage and frequency not specified) quantity: 40 refills: not specified for shoulder pain as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-78, 88, 91. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) (updated 11/21/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

**Decision rationale:** The patient was injured on 02/17/97 and presents with neck pain that radiates to the left greater than right upper extremity. The request is for 2 NORCO 10/325 MG (DOSAGE AND FREQUENCY NOT SPECIFIED) QUANTITY 40 REFILLS NOT SPECIFIED FOR SHOULDER PAIN AS AN OUTPATIENT. There is no RFA provided and the patient "has reached maximum medical improvement and continues care under his future medical care benefits." Treatment reports are provided from 03/23/15 to 05/20/15. None of the reports provided mention Norco and it is unclear when the patient began taking this medication. The report with the request is not provided. MTUS Guidelines pages 88 and 89 states, "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 4As (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. " MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. "The patient is diagnosed with left shoulder pain with mechanical symptoms, left shoulder osteoarthritic changes; neuropathic pain left upper extremity, cervical sprain/strain, cervical degenerative disc disease, bilateral cervical neuroforaminal stenosis, cervical radiculopathy, and complex regional pain syndrome of the bilateral upper extremities. The 03/23/15 report states that the patient rates his pain as a 5/10 with medications and a 9/10 without medications. "The patient notes greater than 50% improvement in pain levels with current medication regimen. He notes improved ability to perform his activities of daily living especially his self-care needs. Medications have allowed him to be able to bath and dress himself and also perform his tooth brushing and shaving. " However, the 03/23/15 report indicates that the patient is using lidocaine patches as well as taking Gabapentin and Cymbalta. Norco is not mentioned on any of the reports provided. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided with the intake of Norco. There are no examples of ADLs, which demonstrate medication efficacy from Norco, nor are there any discussions provided on adverse behavior/side effects of Norco. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

## **1 Electrocardiogram (EKG) for medical clearance as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative testing, general.

**Decision rationale:** The patient was injured on 02/17/97 and presents with neck pain that radiates to the left greater than right upper extremity. The request is for 1 ELECTROCARDIOGRAM FOR MEDICAL CLEARANCE AS AN OUTPATIENT. There is no RFA provided and the patient has reached maximum medical improvement and continues care under his future medical care benefits. The report with the request is not provided. The 05/20/15 treatment report states that the patient will proceed with a total replacement of his left shoulder. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. "The reason for the request is not provided, nor is the patient risk assessment. While ODG guidelines support pre-operative medical clearance including labs, EKG and X-rays for the right patient population with risk factors, the patient has not yet been authorized for the left shoulder replacement. Furthermore, none of the risk factors are provided or discussed. Given the lack of discussion regarding the request, the request IS NOT medically necessary.

## **Medical clearance to include history and physical and labs (not specified) as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative testing, general.

**Decision rationale:** The patient was injured on 02/17/97 and presents with neck pain that radiates to the left greater than right upper extremity. The request is for MEDICAL CLEARANCE TO INCLUDE HISTORY AND PHYSICAL AND LABS (NOT SPECIFIED) AS AN OUTPATIENT. There is no RFA provided and the patient "has reached maximum medical improvement and continues care under his future medical care benefits." The report with the request is not provided. The 05/20/15 treatment report states that the "patient awaits

authorization to proceed with left shoulder replacement. " With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. "The reason for the request is not provided, nor is the patient risk assessment. While ODG guidelines support pre-operative medical clearance, the patient has not yet been authorized for the left shoulder replacement. Additionally, the treater does not specifically outline what evaluations should be included as part of medical clearance, besides the general statement "history and physical and labs. " Given the lack of discussion regarding the request, the request IS NOT medically necessary.