

Case Number:	CM15-0125196		
Date Assigned:	07/09/2015	Date of Injury:	02/17/2011
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 51 year old female who sustained a cumulative industrial injury on 02/17/2011. The injured worker was diagnosed with rotator cuff tendinopathy, bilateral chronic shoulder sprain/strain, bilateral carpal tunnel syndrome and ulnar neuropathy. The injured worker is status post right shoulder rotator cuff repair in 2013 and left carpal tunnel release and left cubital tunnel release with ulnar nerve transposition on September 30, 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, hand therapy, home exercise program and medications. According to the primary treating physician's progress report on June 12, 2015, the injured worker continues to experience bilateral shoulder, left elbow and left wrist pain. The injured worker rates her pain level at 4/10 with medications and 7/10 without medications. Examination of the left shoulder demonstrated tenderness to palpation over the acromioclavicular joint and coracoid process. The left shoulder range of motion noted forward flexion at 140/180 degrees, abduction at 130/180 degrees, internal rotation at 70/90 degrees and external rotation at 65/90 degrees. Right shoulder range of motion reveals forward flexion and abduction at 160/180 degrees, internal rotation at 70/90 degrees and extension rotation at 80/90 degrees. Right thumb reach to the thoracic spine and left thumb to buttocks had 40 centimeters difference. A left positive Hawkins sign was documented and absent Yergason's and Speeds tests. The left elbow demonstrated tenderness to palpation over the medial left elbow with range of motion noted at forward flexion of 125/140 degrees and 15/0 degrees extension. The left elbow was erythematous and without drainage. The right elbow range of motion was within normal limits. The left wrist examination demonstrated tenderness to palpation over the left

palmar scar and left volar wrist with range of motion at 35/60 degrees on forward flexion and 45/60 degrees on extension. The right wrist range of motion noted both forward flexion and extension at 70/60. Tinel's was negative bilaterally and Phalen's test was positive on the left side. Motor strength of the wrist and elbow flexor, elbow extensor, shoulder abduction, shoulder external rotation, abductor pollicis brevis and abductor digiti minimi were 4/5 on the left side and 5/5 on the right side. Sensory was decreased to light touch over the ring and little finger on the left side. Deep tendon reflexes were noted as biceps, brachioradial and triceps as 1/4 bilaterally. Current medications are listed as MsContin 15mg, Norco 10/325mg, Nabumetone, Cymbalta and Tiger Balm patch. The injured worker is Permanent & Stationary (P&S) and currently not working. Treatment plan consists of continuing medication regimen and the current request for MsContin 15mg, Norco 10/325mg and additional physical therapy for the shoulder/elbow/hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are bilateral shoulder pain, elbow pain, hand pain, wrist pain, carpal tunnel syndrome left; and ulnar neuropathy. The date of injury is February 17, 2011. The request for authorization is dated June 17, 2015. Documentation indicates Norco was prescribed as far back as November 21, 2014. This is the earliest progress note and not necessarily the start date. MS Contin was started January 16, 2015. According to a June 12th 2015 progress note, subjectively the injured worker has bilateral shoulder, left elbow and wrist complaints area current medications include Norco and MS Contin. The pain score is 4/10. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement with ongoing Norco 10/325mg. Consequently, absent clinical documentation with objective functional improvement to support ongoing Norco 10/325 mg, risk assessments, detailed pain assessments and attempted weaning, Norco 10/325mg # 180 is not medically necessary.

Morphine Sulfate (MS) Contin 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate (MS Contin) 15mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are bilateral shoulder pain, elbow pain, hand pain, wrist pain, carpal tunnel syndrome left; and ulnar neuropathy. The date of injury is February 17, 2011. The request for authorization is dated June 17, 2015. Documentation indicates Norco was prescribed as far back as November 21, 2014. This is the earliest progress note and not necessarily the start date. MS Contin was started January 16, 2015. According to a June 12th 2015 progress note, subjectively the injured worker has bilateral shoulder, left elbow and wrist complaints area current medications include Norco and MS Contin. The pain score is 4/10. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement with ongoing MS Contin. Consequently, absent clinical documentation with objective functional improvement to support ongoing MS Contin 15 mg, risk assessments, detailed pain assessments and attempted weaning, Morphine sulfate (MS Contin) 15mg #180 is not medically necessary.

Physical therapy left shoulder/elbow/wrist/hand #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy Forearm, wrist, and hand section, Physical therapy Elbow section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy left shoulder, elbow, wrist and hand #6 visits are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bilateral shoulder pain, elbow pain, hand pain, wrist pain, carpal tunnel syndrome left; and ulnar neuropathy. The date of injury is February 17, 2011. The request for authorization is dated June 17, 2015. Documentation indicates Norco was prescribed as far back as November 21, 2014. This is the earliest progress note and not necessarily the start date. MS Contin was started January 16, 2015. According to a June 12th 2015 progress note, subjectively the injured worker has bilateral shoulder, left elbow and wrist complaints. Current medications include Norco and MS Contin. The pain score is 4/10. The documentation indicates the injured worker received six months of physical therapy with moderate pain relief. The total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. Consequently, absent clinical documentation demonstrating objective functional improvement from prior physical therapy, total number of prior physical therapy sessions and compelling clinical facts indicating additional physical therapy is warranted, physical therapy left shoulder, elbow, wrist and hand #6 visits is not medically necessary.