

<b>Case Number:</b>	CM15-0126473		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on March 6, 2013. She reported neck, bilateral shoulder, bilateral elbow and bilateral wrist pain. The injured worker was diagnosed as having cervical muscle spasm, cervical radiculopathy, right shoulder bursitis, right shoulder impingement syndrome, left shoulder bursitis, left shoulder impingement syndrome, right cubital tunnel syndrome, right lateral epicondylitis, left cubital tunnel syndrome, left lateral epicondylitis, left elbow lateral epicondylectomy, right carpal tunnel syndrome, status post right carpal tunnel release, left carpal tunnel syndrome and status post left wrist surgery. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions of the bilateral wrists and the elbow, H-wave stimulator, injections of the elbows and wrists, conservative care, manual therapy, physical therapy, ultrasound, medications and work restrictions. Currently, the injured worker complains of continued neck, bilateral shoulder, bilateral elbow and bilateral wrist pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 30, 2015, revealed continued moderate "achy pain" with decreased range of motion in the cervical spine, bilateral shoulders, bilateral elbows and bilateral wrists, Norco was continued. It was noted she had failed analgesic therapy and physical therapy in the past. Evaluation on May 28, 2015, revealed constant moderate, achy pain with decreased right rotation of the cervical spine, decreased abduction, flexion, internal and external rotation of the right shoulder, decreased abduction, abduction, internal and external rotation of the left shoulder, absent extension of the right elbow and left elbows (0/0) and normal

range of motion in bilateral wrists. Magnetic resonance imaging (MRI) of the left elbow, Norco 10/325mg quantity 90, 1 by mouth three times a day as needed for pain, Trigger Point Injections impedance imagining followed by localized intense neurostimulation therapy and urinalysis to measure baseline med compliance were requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of left elbow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** According to the California (CA) MTUS reference to the ACOEM Guidelines, imaging studies are supported with the emergence of "red flags" including failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that may be correctible with invasive treatment and agreed by the injured worker to undergo the invasive treatment based on the imaging result. It was noted in the documentation, the injured worker had failed multiple conservative therapies, failed analgesic therapy and continued to have pain and decreased range of motion following surgical intervention of the left elbow. It was noted with the ongoing symptoms, surgical intervention may be warranted. In addition she was diagnosed with left lateral epicondylitis. For these reasons MRI of the left elbow is medically necessary.

**Norco 10/325mg quantity 90, 1 by mouth three times a day as needed for pain:** Upheld

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

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

**Decision rationale:** According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose is used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was noted in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported. There was no noted functional

improvement or improved pain from one visit to the next. The request for Norco 10/325 #90 is not medically necessary.

**Urinalysis baseline med compliance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** According to the California (CA) MTUS Guidelines, drug testing is recommended as an option to assess for the presence of illicit drugs, may be required during opioid therapy and can be used to determine compliancy with the prescribed medication regimen in patients with noted aberrant behaviors. It was noted the injured worker had failed non-steroidal anti-inflammatory trials and continued to have pain. She was prescribed a short-acting opioid for pain control. The request for a urinary drug screen appears appropriate and is medically necessary.

**Trigger Point Injections impedance imagining followed by localized intense neurostimulation therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Trigger Point Impedance Imaging.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** According to the California (CA) MTUS Guidelines, trigger point injections are for myofascial pain syndrome. Criteria include documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. MTUS noted symptoms should be present for over three months with noted failed therapies including pain medications and physical therapy. The documentation provided failed to show a diagnosis of myofascial pain syndrome. Additionally, there was lack of evidence supporting a twitch response with referred pain upon palpation of specific areas. Furthermore, it was noted the injured worker had failed physical therapy and anti-inflammatory trials however there was no pain rating using a numbered scale to indicate increasing or decreasing pain on the physician's reports. For these reasons, trigger Point Injections impedance imagining followed by localized intense neurostimulation therapy is not medically necessary.