

Case Number:	CM15-0049291		
Date Assigned:	03/23/2015	Date of Injury:	12/07/2007
Decision Date:	05/15/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, Illinois

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 45 year old female, who sustained an industrial injury on 12/07/2007. The diagnoses include status right shoulder repair with adhesive capsulitis; cervical and Lumbar strain with myofascial pain. Treatment to date has included conservative care, medications, conservative therapies, right shoulder surgery (rotator cuff repair in 2009), and cortisone injections. Currently, the injured worker complains of pain in the right shoulder and periscapular region with tightness in the trapezius and levator scapular regions. The injured worker inquired about cortisone injections which were noted to be beneficial in the past. The diagnoses include status post right shoulder rotator cuff repair with subsequent adhesive capsulitis, and cervical and lumbar strain with myofascial pain. The treatment plan consisted of trigger point injections (times 3), medication refill (Norco), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, 3 times: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 12/07/2007. The medical records provided indicate the diagnosis of status right shoulder repair with adhesive capsulitis; cervical and Lumbar strain with myofascial pain. Treatment to date has included conservative care, medications, conservative therapies, right shoulder surgery (rotator cuff repair in 2009), and cortisone injections. The medical records provided for review do not indicate a medical necessity for Trigger point injections, 3 times. The records indicate the injured worker had only one week response to a previous injection. The degree of pain control was not stated. The MTUS recommends that there should be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Therefore the request is not medically necessary.

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 12/07/2007. The medical records provided indicate the diagnosis of status right shoulder repair with adhesive capsulitis; cervical and Lumbar strain with myofascial pain. Treatment to date has included conservative care, medications, conservative therapies, right shoulder surgery (rotator cuff repair in 2009), and cortisone injections. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg Qty 90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using this medication since 09/2014 with no overall improvement in pain and function, the injured worker is not properly monitored for pain control. Therefore the request is not medically necessary.