MAXIMUS Federal Services

Case Number:	CM15-0063052		
Date Assigned:	04/08/2015	Date of Injury:	11/27/2013
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old male, who sustained an industrial injury on November 27, 2013. He reported being in a motor vehicle accident. The injured worker was diagnosed as having shoulder pain, cervicalgia, and pain in left arm. Treatment to date has included MRI, physical therapy, chiropractic therapy, cervical epidural steroid injections, work modifications, rest, home exercises, and medications including oral and topical pain, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory. On March 12, 2015, the injured worker complains of chronic, constant left-sided neck pain that radiates to the left arm. The pain is described as numbness and tingling with a variable intensity. His pain level was 7/10. Associated symptoms include numbness, tingling, and weakness of the left upper extremity, and neck stiffness and spasms. His pain is aggravated by overhead reaching, pulling and pushing objects, and typing. He recently started on anti-epilepsy medication with no change in his pain level and a possible decrease in left hand and forearm tingling. He also complains of chronic, constant left shoulder and arm pain, which is aching, burning, cramping, and variable in intensity. Associated symptoms include sleep interference, anxiety and feeling stressed out, irritability, stiffness of the left shoulder and elbow, and left upper extremity numbness and tingling. He has limited benefit with his opioid pain medication during this flare-up of neck and left shoulder pain. The physical exam revealed tenderness to palpation over the cervical spine midline and supraclavicular region, no trigger points, and decreased neck range of motion without increased pain with testing. The treatment plan includes oral steroid and to continue the anti-epilepsy and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol (Pak) 4mg/dosepak, 1 dose pack of 21: 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), Pain, Oral Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Medrol dose pack.

Decision rationale: The MTUS is silent on the use of Medrol. Per the ODG guidelines: Recommended as an option for adhesive capsulitis of the shoulder. Results may be short-term, and oral is somewhat less effective but less invasive compared to injections. The use of cortisone in the treatment of idiopathic shoulder adhesive capsulitis leads to fast pain relief and improves range of motion. Intra-articular injections of glucocorticoids showed superior results in objective shoulder scores, range of motion, and patient satisfaction compared with a short course of oral corticosteroids, but in the patients treated with oral glucocorticoids, significant improvements were also found. The documentation submitted for review did not indicate a diagnosis of adhesive capsulitis of the shoulder. Per the ODG guidelines, Oral corticosteroids are not recommended for chronic pain, except for Polymyalgia rheumatica, which the injured worker is also not diagnosed with. The request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my

review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.