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| <b>Case Number:</b>   | CM15-0067750 |                              |            |
| <b>Date Assigned:</b> | 04/15/2015   | <b>Date of Injury:</b>       | 07/15/1996 |
| <b>Decision Date:</b> | 05/14/2015   | <b>UR Denial Date:</b>       | 04/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/09/2015 |

### 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: 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 65 year old female, who sustained an industrial injury on July 15, 1996. The injured worker was diagnosed as having shoulder joint pain, hand joint pain, left rotator cuff tear and right rotator cuff repair. Treatment to date has included right shoulder arthroscopy February 2014, physical therapy, and medication. Currently, the injured worker complains of right shoulder pain, right wrist pain, and left shoulder pain. The Primary Treating Physician's report dated March 24, 2015, noted the left shoulder MRI of February 25, 2015, demonstrated a small amount of contrast was seen extravasating in the subacromial subdeltoid bursa and superiorly into the acromioclavicular joint, with fraying of the articular sided fibers of the supraspinatus tendon seen near its entheses at the greater tuberosity. The left shoulder examination was noted to show a positive O'Brien test. The treatment plan included a request for authorization for a left shoulder injection with ultrasound guidance with Kenalog, Marcaine, and Lidocaine. She is s/p right shoulder surgery with excellent results. She utilizes Norco on an prn basis at a maximum of 1 per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Injection under ultrasound guidance to contain Lidocaine, Marcaine, and Kenalog:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** MTUS Guidelines support a trial of injections if there is persistent shoulder pain associated with activities. This individual has had shoulder pain for months to years with positive MRI findings for a small tear. A trial of injection for therapeutic and diagnostic purposes is supported by Guidelines. The Left Shoulder Injection under ultrasound guidance to contain Lidocaine, Marcaine, and Kenalog is supported by guidelines and is medically necessary.

**Norco 10/325 mg Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

**Decision rationale:** It is clearly documented that this individual utilizes Norco on an occasional basis. Once she had successful right shoulder surgery Norco use went down to an average of one per day. The fact that use is minimal and has diminished with improved pain supports the fact that this individual receives meaningful pain relief and does not misuse the medications. Functional support is not well documented, but with the minimal use, full compliance with Guidelines that are geared toward a different patient profile is not necessary. Under these circumstances, the Norco 10/325mg. #60 is medically necessary.