

<b>Case Number:</b>	CM15-0092436		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 33 year old male who reported an industrial injury on 8/5/2014. His diagnoses, and/or impressions, are noted to include: right shoulder rotator cuff sprain/strain with derangement, status-post arthroscopic repair surgery (12/19/11 & 12/13/12); diagnostic right shoulder arthroscopy for examination and extensive debridement and synovectomy (7/10/12); bicipital tenosynovitis; and pain in shoulder. The history notes post-operative physical and hand therapy in 2012, and a new complaint of left knee and left shoulder pain in 2012. His treatments have included multiple diagnostic tests; surgeries; an arm sling; cold therapy; post-operative physical therapy; medication management with urine toxicology screenings; and a return to modified work duties, as well as rest from work. The progress notes of 8/19/2014 noted complaints of no changes in pain of the right shoulder that is moderate-severe and radiates down into the right arm, with numbness/tingling, aggravated by laying on it, and improved with ice. The objective findings were very limited, and guarded, range-of-motion with noted popping. The physician's requests for treatments were noted to include an open magnetic resonance imaging for the right shoulder, due to claustrophobia; chiropractic treatments, Flurbiprofen, Ketoprofen, Norco and urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Open MRI right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Magnetic Resonance Imaging.

**Decision rationale:** This patient presents with chronic right shoulder pain. The current request is for an Open MRI right shoulder. The RFA is dated 04/03/15. Treatments have included multiple diagnostic tests; right shoulder surgeries (2011, July 2012 and December 2012); an arm sling; cold therapy; post-operative physical therapy; medication management with urine toxicology screenings; and a return to modified work duties, as well as rest from work. The patient is not working. ODG under the Shoulder Chapter, regarding Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging: Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. According to progress report 04/03/15, the patient presents with bilateral shoulder pain. Right shoulder pain is 6/10 and left shoulder pain is 5/10. Examination revealed decreased ROM in the right shoulder, positive impingement on the right, and bilateral tenderness. The treater has requested an open MRI of the right shoulder. The patient has had multiple right shoulder surgeries, with the most recent surgery on December of 2012. The medical records indicate that the patient underwent a MR arthrogram of the right shoulder on 08/26/14. The results showed no focal full thickness tendinous defect or significant medial retraction seen in the rotator cuff. The distal supraspinatus tendon is grossly thickened, likely due to a combination of post-surgical fibrosis and tendinopathy. Official disability guidelines do not support repeat MRI imaging of the shoulders unless the patient presents with a significant change in symptoms or in patient's whose physical examination findings suggest significant pathology or decline. In this case, the physical examination findings do not demonstrate significant change in pathology. Without evidence of recent re-injury or significant change in symptoms, the requested imaging study cannot be substantiated. The request IS NOT medically necessary.

## **Chiropractic x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

**Decision rationale:** This patient presents with chronic right shoulder pain. The current request is for Chiropractic x 12. The RFA is dated 04/03/15. Treatments have included multiple diagnostic tests; right shoulder surgeries (2011, July 2012 and December 2012); an arm sling; cold therapy; post-operative physical therapy; medication management with urine toxicology screenings; and a return to modified work duties, as well as rest from work. The patient is not working. MTUS Guidelines, pages 58-59, Manual therapy & manipulation Section recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The patient has undergone at least 8 Chiropractic treatments in 2014. There are no discussion regarding functional improvement, or return to work status to consider additional chiropractic treatment. In addition, the information regarding how many treatments this patient has received in total is unspecified and MTUS allows for total of up to 18 visits when functional improvement is documented from prior treatment. This patient does not meet the criteria for extended chiro sessions; therefore, this request IS NOT medically necessary.

## **Urinalysis for toxicology: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

**Decision rationale:** This patient presents with chronic right shoulder pain. The current request is for Chiropractic x 12. The RFA is dated 04/03/15. Treatments have included multiple diagnostic tests; right shoulder surgeries (2011, July 2012 and December 2012); an arm sling; cold therapy; post-operative physical therapy; medication management with urine toxicology screenings; and a return to modified work duties, as well as rest from work. The patient is not working. MTUS Guidelines, pages 58-59, Manual therapy & manipulation Section recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The patient has undergone at least 8 Chiropractic treatments in 2014. There are no discussion regarding functional improvement, or return to work status to consider additional chiropractic treatment. In addition,

the information regarding how many treatments this patient has received in total is unspecified and MTUS allows for total of up to 18 visits when functional improvement is documented from prior treatment. This patient does not meet the criteria for extended chiro sessions; therefore, this request IS NOT medically necessary.

**Flurbiprofen 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This patient presents with chronic right shoulder pain. The current request is for Flurbiprofen 120gm. The RFA is dated 04/03/15. Treatments have included multiple diagnostic tests; right shoulder surgeries (2011, July 2012 and December 2012); an arm sling; cold therapy; post-operative physical therapy; medication management with urine toxicology screenings; and a return to modified work duties, as well as rest from work. The patient is not working. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. For Flurbiprofen, MTUS states, the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. According to progress report 04/03/15, the patient bilateral shoulder pain. Right shoulder pain is 6/10 and left shoulder pain is 5/10. Examination revealed decreased ROM in the right shoulder, positive impingement on the right, and bilateral tenderness. The treater has requested a refill of Flurbiprofen 120gm. The patient has been using a topical Flurbiprofen cream since at least 11/18/14. In this case, the NSAID topical cream may be indicated for the patient's shoulder pain; however, the treater has provided no discussion on the efficacy of this cream. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In addition, Topical NSAIDs are not indicated for shoulder joint pains, only peripheral joints like elbow, knee, wrists, ankle. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.

**Ketoprofen 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This patient presents with chronic right shoulder pain. The current request is for Ketoprofen 120gm. The RFA is dated 04/03/15. Treatments have included multiple diagnostic tests; right shoulder surgeries (2011, July 2012 and December 2012); an arm sling; cold therapy; post-operative physical therapy; medication management with urine toxicology screenings; and a return to modified work duties, as well as rest from work. The patient is not working. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." This topical agent is not currently FDA approved for a topical application; therefore, recommendation for further use cannot be made. This request IS NOT medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** This patient presents with chronic right shoulder pain. The current request is for Norco 10/325mg #60. The RFA is dated 04/03/15. Treatments have included multiple diagnostic tests; right shoulder surgeries (2011, July 2012 and December 2012); an arm sling; cold therapy; post-operative physical therapy; medication management with urine toxicology screenings; and a return to modified work duties, as well as rest from work. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 04/03/15, the patient bilateral shoulder pain. Right shoulder pain is 6/10 and left shoulder pain is 5/10. Examination revealed decreased ROM in the right shoulder, positive impingement on the right, and bilateral tenderness. The treater has requested a refill Norco. The patient has been prescribed Norco since at least 08/05/14. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain. There are multiple UDS provided, but no discussion of a pain contract. Adverse side effects were not addressed either. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.