

Case Number:	CM13-0007468		
Date Assigned:	03/07/2014	Date of Injury:	01/31/2009
Decision Date:	04/24/2014	UR Denial Date:	07/04/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 41-year-old female with a 1/31/09 date of injury. At the time of request for authorization for 1 MR- Arthrogram on right shoulder, 1 prescription of Vicodin, and 1 prescription of Flexeril, there is documentation of subjective (right shoulder pain) and objective (tenderness over suprascapular and infraclavicular region, decreased range of motion, positive right Hawkins and Neer sign, and subacromial crepitus) findings, imaging findings (MRI right shoulder (1/5/12) report revealed mild supraspinatus and infraspinatus tendinosis, current diagnoses (right shoulder rotator cuff syndrome and right lateral epicondylitis), and treatment to date (injections, physical therapy, and medications (including Vicodin since at least 3/22/11 and Flexeril since at least 4/9/09).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MR- ARTHOGRAM ON RIGHT SHOULDER: 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) Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Arthrography.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more; and that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. ODG identifies that subtle tears that are full thickness are best imaged by arthrography and that MR arthrography is usually necessary to diagnose labral tears. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff syndrome and right lateral epicondylitis. In addition, there is documentation of conservative treatment (injections, physical therapy, and medications), imaging findings (MRI right shoulder identifying mild supraspinatus and infraspinatus tendinosis), and a plan identifying a request for MRA right shoulder to rule out rotator cuff pathologies not seen on previous MRI studies. However, there is no documentation of subtle tears that are full thickness or labral tears. Therefore, based on guidelines and a review of the evidence, the request for 1 MR- Arthrogram on right shoulder is not medically necessary.

1 PRESCRIPTION OF VICODIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff syndrome and right lateral epicondylitis. In addition, there is documentation of ongoing use of Vicodin since at least 3/22/11. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Vicodin is not medically necessary.

1 PRESCRIPTION OF FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Cyclobenzaprine (Flexeril) Page(s): s 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are

recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff syndrome and right lateral epicondylitis. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 4/9/09, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Flexeril is not medically necessary.