

Case Number:	CM13-0013415		
Date Assigned:	12/04/2013	Date of Injury:	04/13/2009
Decision Date:	01/24/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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:

The patient was injured in a work related accident on 04/13/2009, sustaining an injury to the right shoulder. The mechanism of injury was non-specific injury to right upper extremity. Recent clinical assessment of 07/01/2013 by [REDACTED] indicated chronic complaints of pain about the right shoulder, noted to be status post 3 prior rotator cuff surgeries with a recurrent tear noted. She has a secondary diagnosis of chronic pain syndrome and a third diagnosis of chronic opioid dependency. He indicates that, at present, the patient is contemplating a fourth shoulder rotator cuff procedure, but states she is unable to proceed with this until "the end of summer." Her physical examination findings showed restricted shoulder range of motion secondary to pain with no gross deformity or tenderness to palpation. Cervical and lumbar examination was benign with a normal neurologic evaluation noted to the upper and lower extremities. Recommendations at that time were for prescription of a TENS unit and continued use of Lidoderm patches as well as Tylenol and nonsteroidal medication, with prescriptions for Norco and Robaxin also provided. Prior MRI of the shoulder was reviewed from 11/28/2012, showing severe artifact from metallic susceptibility with evaluation of the rotator cuff, labrum, and biceps tendon "not feasible." CT scan or CT arthrogram was recommended for further diagnostic interpretation. A 06/10/2013 CT scan of the right shoulder demonstrated a pin hole tear to the anterior rotator cuff with partial tearing to the anterior labrum, postsurgical changes, and erosive cystic changes to the humeral head. The plan going forward was to prescribe TENS unit, Lidoderm patches, Norco, Robaxin, and six (6) follow up office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of a TENS unit in this case for chronic pain would not be supported. Guidelines do not recommend the role of a TENS unit as a primary treatment modality, but only indicate a 1 month trial as a consideration of non-invasive conservative option if used as a program of "adjunctional" functional restoration. The records do not indicate a diagnosis that would support current use of a TENS unit, nor do they demonstrate a course of recommendations of a functional restoration program in this patient for whom further surgery is potentially being offered. Lastly, specific timeframe of use of the unit is not indicated. The above would fail to necessitate the role of the above device at this patient's chronic course of care.

Lidoderm Patches #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Based on California MTUS Guidelines, continued use of Lidoderm patches is not supported. When looking at California MTUS Chronic Pain Medical Treatment Guidelines in regards to topical use of lidocaine, it is recommended for neuropathic pain as an option after failure of first line therapies. In regards to non-neuropathic pain, it is "not recommended," with results of a recent trial for use of lidocaine in the chronic muscle pain setting showing no superiority over a placebo alone. The records in this case do not support a neuropathic pain diagnosis; thus, the need for lidocaine patches would not be indicated as medically necessary.

Robaxin 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Methocarbamol (Robaxin) Page(s): 63,65.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued use of Robaxin, a muscle relaxant, would not be indicated. Guidelines criteria indicate

that muscle relaxants should be used as a second line option for only short term treatment of acute exacerbations in patients with chronic pain. The records in this case would not currently support a diagnosis for which muscle relaxants would be indicated. While the patient is with continued complaints of shoulder pain, the chronic timeframe from injury and no indication of acute exacerbation of chronic muscular pain complaints would fail to indicate the acute need of this agent. The records do not indicate its use for long term use or sustained use.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of Norco in this case would not be indicated. The clinical records fail to demonstrate acute exacerbation of painful complaints or demonstration of significant benefit from current narcotic use. The patient is with a current diagnosis of narcotic dependency. The lack of significant benefit with this agent would support measures of discontinuation of its use to overall advance the patient's general health and well-being. Guideline criteria would not indicate the continued use of short acting narcotic analgesics without documentation of significant benefit.

6 follow-up visits with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92,127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits

Decision rationale: California MTUS Guidelines are silent. Looking at ODG criteria, 6 follow-up visits with [REDACTED] also would not be indicated. While the clinical criteria indicate the role of follow-up office visits for continuation of medical care, there is no clear indication at present for 6 follow-up visits being necessary. This request would be more indicated on a visit by visit basis. The patient's current clinical presentation, physical examination findings, and diagnosis, however, would not support the role of 6 follow-up visits at this time.