

Case Number:	CM13-0038192		
Date Assigned:	12/18/2013	Date of Injury:	09/21/2004
Decision Date:	04/14/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 and Rehabilitation has a subspecialty in Interventional Spine 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 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:

This is a 56 year old male who was injured on 9/21/04. He has been diagnosed with: elbow epicondylitis; left shoulder impingement; cervical discopathy, C5/6; lumbar strain/sprain. According to the 9/25/13 report, the patient presents with constant neck pain radiating down the right greater than left upper extremity, with numbness and tingling. He has bilateral shoulder and low back pain. Shoulder Range Of Motion was 90 degrees, Flexion and 180 degrees abduction. Impingement signs were positive. The 10/23/13 report shows the pain levels at 9/10 for the neck, shoulders, upper and lower back. The report states hydrocodone helps improve his symptoms. On 9/19/13 UR denied use of Norco, stating it was not first-line medication, and has not provided an increase in function; and denied the shoulder MRI stating impingement should be treated the same regardless of MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The patient presents with neck, mid, low back and bilateral shoulder pain. The earliest report available is dated 3/13/13 and includes a left shoulder impingement as a part of the diagnoses. Abduction is full, but flexion is limited to 90 degrees, and impingement signs are present, for 7-months. MTUS/ACOEM guidelines do not recommend routine testing, but states "Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more," The request for the shoulder MRI appears to be in accordance with MTUS/ACOEM guidelines.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: The patient presents with neck, mid, low back and bilateral shoulder pain. The patient has been on hydrocodone for over 6-months. The 3/13/13 report documents use of Vicodin 5/500. The available medical reports from [REDACTED] include 3/13/13, 4/10/13, 4/24/13, 6/5/13, 7/3/13, 7/31/13, 8/29/13, 9/25/13, and 10/23/13. Only the 10/23/13 report mentions pain on a numeric scale, but does not rate efficacy of the medication on the numeric scale. None of the reports discuss whether the pain medication helps reduce pain levels, or improve function or improve quality of life. The MTUS requirement for long-term use of opioids states "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" And state: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There is only one pain assessment with a numeric scale, and I could not find any evidence of a satisfactory response to medication in any of the reports over the last 7-months. The reporting requirements for long-term use of opioids have not been met. The request is not in accordance with MTUS guidelines.