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| Case Number: | CM13-0054915 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/14/2005 |
| Decision Date: | 04/02/2014 | UR Denial Date: | 11/08/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 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:

The patient is a 51-year-old male who reported an injury on 12/14/2005 after an SUV fell on top of him. He reportedly sustained injuries to his teeth, jaw, neck, back and left shoulder and had a loss of consciousness for approximately 10 minutes. The patient's treatment history is significant for extensive psychiatric support, physical therapy, dental care and medications. The patient's most recent clinical evaluation documented that the patient had reduced range of motion with tenderness in the subacromial and glenohumeral joint with a positive impingement sign and O'Brien's test and positive MRI findings. Patient's diagnoses included pain and shoulder joint and superior glenoid labrum lesion. The patient's treatment plan included continued medications recommendation for surgical intervention was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: The requested MRI of the right shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has already undergone an MRI of the shoulder. American College of Occupational and Environmental Medicine recommend imaging studies when there are red flag conditions or in preparation for surgical intervention. It is noted that surgical intervention was recommended for this patient. However, the patient's most recent MRIs of the bilateral shoulders that were mentioned within the documentation were not provided for review. Additionally, as there has been no change in the patient's clinical presentation need for additional imaging studies is not supported. As such, the requested MRI of the right shoulder is not medically necessary or appropriate.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: The requested MRI of the left shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has already undergone an MRI of the shoulder. American College of Occupational and Environmental Medicine recommend imaging studies when there are red flag conditions or in preparation for surgical intervention. It is noted that surgical intervention was recommended for this patient. However, the patient's most recent MRIs of the bilateral shoulders that were mentioned within the documentation were not provided for review. Additionally, as there has been no change in the patient's clinical presentation need for additional imaging studies is not supported. As such, the requested MRI of the left shoulder is not medically necessary or appropriate.

Prescription of Norco 10/325mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested prescription of Norco 10/325 mg #60 with 1 refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of a quantitative assessment of pain relief, documentation of functional benefit, manage side effects, and evidence that the patient is merger for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief of functional benefit resulting from the patient's medication usage. Therefore, continued use would not be supported. As such, the requested Norco 10/325 mg #60 with 1 refill is not medically necessary or appropriate.

Prescription of Flexeril 10mg, #30 with one refill: Upheld

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

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

Decision rationale: The requested Flexeril 10 mg #30 with 1 refill is not medically necessary or appropriate. Clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule only recommends the use of muscle relaxants for short durations of treatment for acute exacerbations in pain. The clinical documentation does not support that the patient has had an acute exacerbation of pain that would benefit from a short course of muscle relaxants. Additionally, as is documented that the patient has been on this medication for an extended duration of time and the request as it is written extends treatment beyond guideline recommendations continued use would not be supported. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Flexeril 10 mg #30 with 1 refill is not medically necessary or appropriate.