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| Case Number: | CM13-0062502 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/12/2010 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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 Family Practice, and is licensed to practice in 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 is a 48-year-old male who reported cumulative trauma injuries from the dates of 4/21/03 through 7/17/05; 8/18/05; 1/9/08 through 3/18/10; and 3/12/10. The patient reportedly had cervical spine pain, axial lumbar spine pain, and bilateral shoulder pain. The patient reported that the cervical spine pain radiates into his right upper extremity and left shoulder, and had been taking Norco for pain relief. He reported improvement in his pain levels from an 8/10 to a 4/10 after medications. This report was dated 9/30/13. Examination of the patient's shoulder revealed range of motion on flexion limited to 120 degrees on the left and 90 degrees on the right, with extension normal at 50 degrees bilaterally, abduction limited to 100 degrees in the left and 90 degrees on the right, adduction normal at 50 degrees bilaterally, internal and external rotation normal at 90 degrees on the left and limited to 80 degrees on the right. The patient was seen again on 10/28/13 with regards to the pain affecting his bilateral shoulders and cervical spine. On examination of the right shoulder, the patient had tenderness to palpation with limited range of motion of flexion 90 degrees, abduction of 80 degrees, external rotation limited secondary to pain, and internal rotation secondary to pain. Neurovascularly, the patient was intact distally with strength rated as 4/5, and a positive Hawkins sign, as well as a drop arm test. The patient has been diagnosed with a chronic cervical strain, chronic lumbar strain, status post three left shoulder arthroscopy surgeries, history of alleged right shoulder rotator cuff tear, and status post left carpal tunnel release.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 207-209.

Decision rationale: According to the California MTUS/ACOEM, it states that for most patients with shoulder problems, special studies are not needed unless a 4-6 week period of conservative care and observation fails to improve symptoms. It further states that patients are recommended for imaging studies if they have had failure to progress in a strengthening program intended to avoid surgery. The documentation provided for review has the most current clinical date of 10/28/13. There is no current documentation indicating the patient has undergone any conservative treatments aside from oral medication use. Furthermore, the patient has a diagnosis of history of right shoulder rotator cuff tear; however, there is no official documentation of diagnostic studies providing confirmation of this diagnosis. Without having confirmation that the patient has not undergone a previous diagnostic imaging study and without having documentation of prior conservative treatments for at least a 4-6 week period, the patient does not meet guideline criteria for an MRI of the right shoulder at this time. As such, the requested service is non-certified.

28 Naproxen 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: According to the California MTUS guidelines, NSAIDs should be used as an option for short-term symptomatic relief. In the case of this patient, the documentation indicates the patient has been utilizing naproxen since at least July 2013. This medication is only intended for short-term use for chronic low back pain, and with no current clinical documentation providing information that this medication has been effective in reducing his pain, the continuation of its use cannot be determined. As such, the requested service is non-certified.

120 Norco (Hydrocodone/APAP) 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, opioid tolerance can develop with the repeated use of opioids, and can bring about the need to increase the dose and may lead to sensitization. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. In the case of this patient, the documentation indicates he has been utilizing opioids for several months. Without having current documentation providing quantitative measurements to indicate the effectiveness of the use of this medication in reducing the patient's pain and improving his functional abilities, the requested service is not considered medically necessary and is non-certified.