

Case Number:	CM14-0125784		
Date Assigned:	08/11/2014	Date of Injury:	12/27/2012
Decision Date:	10/01/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family 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:

This is a 39-year-old male who reported an industrial injury to the bilateral shoulders on 12/27/2012, 21 months ago, attributed to the performance of his usual and customary job tasks reported as helping a client out of the shower when she slipped on the wet floor and grabbed onto the bathtub. The patient complained of right greater than left shoulder pain. The patient was treated conservatively and subsequently underwent arthroscopic surgical intervention to the right shoulder. A postoperative MRA of the right shoulder demonstrated evidence of contrast within the glenohumeral joint space without contrast extravasation to indicate a full thickness rotator cuff tendon tear. The patient was noted to have a superior labral tear extending from the biceps tendon anchor posteriorly to the 9 o'clock position; low-grade degenerative fraying at the articular surface; mild AC joint arthropathy; and a greater than 6 mm long fluid signal intensity lesion in the proximal humerus diathesis possibly representing a bone cyst. The patient was being treated for the diagnoses of rotator cuff syndrome; superior glenoid labrum lesion; shoulder upper arm injury; shoulder sprain/strain. The objective findings on examination include d height 5'11"; weight 299 pounds; cervical spine normal; lumbar spine normal; bilateral shoulder tenderness; muscle strength 5/5; upper extremities with normal sensation and range of motion. The treatment plan included a TENS unit for two months rental; Lorzone 750 mg #30; and Norco 7.5/325 mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of Transcutaneous Electrical Nerve Stimulation Unit for 2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 300; 203, Chronic Pain Treatment Guidelines TENS unit chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--TENS unit; Pain chapter--TENS unit

Decision rationale: The requesting provider did not provide subjective/objective evidence to support the medical necessity of the TENS Unit or the electronic muscle stimulator for the treatment of the postoperative right shoulder. The ACOEM Guidelines do not recommend the use of TENS Units for neck, shoulder, elbow, or wrist as there is no objective evidence available to support their use. There is no justification for the use of the 4-lead TENS unit as required by the CA MTUS. The use of the TENS unit for the treatment for the wrist/hand/forearm is not recommended by the CA MTUS or the ACOEM Guidelines. There is no objective evidence provided to support the medical necessity of the requested TENS Unit or electric muscle stimulator for the treatment of the hand/forearm for the effects of the industrial injury. The TENS unit is directed to chronic right postoperative shoulder pain issues. The patient was noted to have used a TENS unit during PT rehabilitation; however, there was no documented functional improvement with the use of the tens unit and no demonstrated reduction in the use of medications for the postoperative shoulder for the left shoulder. There was no objective evidence to justify the continued use of the tens unit in the treatment plan for this patient. The CA MTUS and the Official Disability Guidelines only recommends the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS Unit is recommended for only chronic intractable pain. There was no provided documentation that the patient was participating in a self-directed home exercise program. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the TENS Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The CA MTUS only recommend the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the TENS Unit in the treatment of the wrist, forearm, or hand. There is no objective evidence provided by the requesting provider that the same results cannot be achieved with a home exercise program established for functional rehabilitation with strengthening and conditioning directed to the hand. There is no demonstrated medical necessity for the provision of a TENS for the rehabilitation of the shoulder for the reported chronic pain status post right shoulder arthroscopy.

Lorzone 750 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic pain chapter 2008 page 128; muscle relaxant: Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Lorzone 750 mg #30 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic postoperative shoulder pain. The Lorzone was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Lorzone for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence based guidelines. The California MTUS states that Lorzone is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Lorzone is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of Lorzone 750 mg #30 for the effects of the industrial injury. Therefore this request is not medically necessary.

Norco 7.5/325 mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: The prescription for Hydrocodone-APAP (Norco) 7.5/325 mg 100 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the postoperative shoulder for the date of injury almost 2 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back pain. There is no demonstrated sustained functional improvement from the

prescribed opioids. There is no demonstrated sustained functional improvement from the prescription of the Norco. There is no demonstrated objective evidence to support continued use of opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 7.5/325 mg #100 is not medically necessary.