

<b>Case Number:</b>	CM14-0153790		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine & Rehabilitation 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 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:

Medical records reflect the claimant is a 35 year old male who sustained a work injury on 6-22-10. This claimant is status post clavicle fracture on the right with subsequent hardware removal. He is also status post right shoulder SLAP repair on 8-2-13. An MRI of the right shoulder dated 7-7-14 that shows post SLAP tear repair, the labrum is now better approximated. The posterior - superior labrum has a frayed appearance. Rotator cuff tendinosis. No significant change. No new discrete tear. Old clavicle fracture. An office visit with [REDACTED] on 7-16-14 notes the claimant recently underwent a CT scan of the right clavicle and MRI of the right shoulder. The cortisone injection provided temporary relief. Exam is unchanged. The claimant is to proceed with surgery. He continues with full range of motion in the shoulder and tenderness only. An office visit on 8-13-14 notes the claimant has continued low back pain radiating to the lower extremities. It is worse with tingling sensation on the left leg. The claimant is pending TFESI. The evaluator recommended referral to ortho, pain management. The claimant was advised to have a consultation with [REDACTED] for a second opinion. The claimant was also advised to have a consultation with [REDACTED], ortho spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Ortho spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305. Decision based on Non-MTUS Citation ACOEM Guidelines, page 92

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 consultation pages 504-523

**Decision rationale:** The ACOEM Guidelines notes that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. Medical Records reflect the claimant has full range of motion. The MRI of the right shoulder notes the claimant had a SLAP repair the labrum is now better approximated, the posterior labrum shows fraying of the rotator tendinosis, no significant change no new discrete tear and an old clavicle fracture. There is an absence in documentation to support an ortho consultation in view on the MRI findings, which would not support further surgery. The request is not medically necessary and appropriate.

**Percocet:** 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - opioids

**Decision rationale:** The MTUS Chronic Pain Guidelines as well as the ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication. Therefore, the medical necessity of this request is not established.

**Gabapentin:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti convulsants Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - anti convulsants

**Decision rationale:** The MTUS Chronic Pain Guidelines as well as the ODG note that anti convulsants are recommended for neuropathic pain. This claimant has radicular complaints to bilateral lower extremities worse with tingling sensation on the left leg. Therefore, the request for this medication is reasonable and medically indicated.

**Lidoderm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Lidoderm

**Decision rationale:** The MTUS Chronic Pain Guidelines notes that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). There is an absence in documentation noting that this claimant has failed first line of treatment. Therefore, the medical necessity of this request is not established.

**Relafen:** Upheld

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long term use of an NSAID. There is no documentation of functional improvement with this medication. Therefore, the medical necessity of this request is not established.

**Follow up with Ortho Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305. Decision based on Non-MTUS Citation ACOEM Guidelines, page 92, Official Disability Guidelines (ODG) Pain Chapter, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 7 Independent Medical Examinations And Consultations pages 503-524

**Decision rationale:** The ACOEM Guidelines notes that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. Medical Records reflect the claimant has full range of motion. The MRI of the right shoulder notes the claimant had a SLAP repair. There is an absence in documentation to support a follow up visit with ortho spine.