

Case Number:	CM14-0044858		
Date Assigned:	07/02/2014	Date of Injury:	05/17/2012
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational 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:

The patient is a 49-year-old female who has submitted a claim for cervical spine myofasciitis with radiculitis rule out cervical spine disc injury, and left shoulder rotator cuff syndrome associated with an industrial injury date of 05/17/2012. Medical records from 10/02/2013 to 05/13/2014 were reviewed and showed that the patient complained of aching, stiff, and severe neck pain (graded not specified) which radiated down the left hand and was aggravated with head turns. There was a complaint of burning and tingling left shoulder pain (grade not specified). Physical examination revealed tenderness over the cervical spine, left trapezius and left shoulder. Limited cervical spine and left shoulder range of motion (ROM) were noted. Positive hyperextension and Spurling's tests on the left were noted. Drop arm test and impingement tests were noted on the left shoulder. MMT was 4/5 on the left side. MRI of the cervical spine dated 05/2013 showed significant disc protrusion at C4-5, C5-6, C6-7 and disc space narrowing at C5-6. An MRI of the left shoulder dated 04/21/2014 revealed minimal subscapular bursitis, osteoarthropathy of AC joint, and biceps tenosynovitis. Treatment to date has included cervical epidural steroid injection (04/21/2014), physical therapy, chiropractic care, and pain medications. Utilization review dated 03/14/2014 denied the request for MRI of the left shoulder because the outcome of conservative intervention was not specified to support the need for MRI. Utilization review denied the request for Gabapentin because the dose and frequency of prescribed medication as well as the outcome of medication at decreasing pain and increasing function was not specified. Utilization review denied the request for Hydrocodone because the dose and frequency of prescribed medication as well as the outcome of medication at decreasing pain and increasing function was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI.

Decision rationale: MTUS Guidelines state the criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines state that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, physical findings provide evidence of suspected pathology likely to be demonstrated on MRI. Restricted motion, weakness, positive hyperextension, positive Spurling's test, positive drop arm test, and positive impingement test were evident. Conservative management such as chiropractic and physical therapy only provided small degrees of temporary relief (03/26/2014). Of note, MRI of the left shoulder was already accomplished on 4/21/2014 revealing minimal subscapular bursitis, osteoarthropathy of AC joint, and biceps tenosynovitis. Therefore, the request for MRI left shoulder is medically necessary.

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-19.

Decision rationale: According to MTUS Chronic Pain Guidelines, Gabapentin has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. A good response to the use of AEDs has been defined as a 50% reduction in pain, and a moderate response as a 30% reduction. In this case, the patient was prescribed Gabapentin (Neurontin) since 10/02/2013. There was documentation of continued distressing pain and activity limitation despite taking prescribed pain medications (03/26/2014). The guidelines only recommend continued Gabapentin use with improvement in pain and function. Therefore, the request for Gabapentin is not medically necessary.

Hydrocodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: MTUS Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case the patient was prescribed the opiate Norco since 10/02/2013. There was documentation of continued distressing pain and activity limitation despite taking prescribed pain medications (03/26/2014). Moreover, there was no documentation of a recent urine toxicology review. The available medical records do not provide evidence to support the continuation of opiates based on the guideline requirements. The medical necessity has not been established. Therefore, the request for Hydrocodone is not medically necessary.