

Case Number:	CM14-0045300		
Date Assigned:	07/02/2014	Date of Injury:	11/12/2006
Decision Date:	08/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 46-year-old female who reported an injury on 11/12/2006 due to continuous trauma to the bilateral shoulders and neck. The injured worker had a history of bilateral shoulder and neck pain. The injured worker had a diagnosis of right shoulder impingement. The past surgery dated 02/11/2014 included a right shoulder arthroscopic subacromial decompression to a distal clavicle resection and cuff with labral debridement. The MRI of the right shoulder dated 10/02/2012 revealed a subacromial impingement, moderate subscapularis tendinosis and linear interstitial spots with the distal aspect of the supraspinatus and infraspinatus tendons. The past treatments included physical therapy times 12 sessions, cold therapy unit, Surgi-Stim, and medication. The medications included Norco 10/325 mg, Zanaflex 4 mg and MiraLax. The injured worker had a reported pain of 7/10 using the VAS. The objective findings dated 05/02/2014 of the right shoulder revealed a forward flexion of 60 degrees, extension of 40 degrees, and adduction of 40 degrees. The muscle strength and tone was a 4/5. The injured worker also revealed a negative Speed's and O'Brien's test. The treatment plan included medication, and possible right shoulder arthroscopic re-evaluation and 3 months of recovery following surgery. The Request for Authorization was submitted on 02/18/2014 within documentation. The rationale for the Norco, Zanaflex, Neurontin, Miralax, and surgical consultation was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, count 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mosby Drug Consultation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, Ongoing Management Page(s): 75.

Decision rationale: The request for Norco 10/325 mg, count 120 is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes provided did not address the aberrant, side effects, efficacy of the Norco, length of time the injured worker had been taking the Norco. The request did not address the frequency. As such, the request is not medically necessary.

Zanaflex 4mg, count 60.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Mosby Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Tizanidine, page 66 Page(s): 66.

Decision rationale: The request for Zanaflex 4 mg, count 60 is not medically necessary. The California MTUS guidelines recommend Tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The injured worker complained of shoulder and neck pain, no complaints of lower back pain in the clinical notes. Zanaflex is recommended for short term use. The clinical notes did not address the length of time the injured worker had been taking the Zanaflex. The request did not address the frequency. As such, the request is not medically necessary.

Neurontin 600mg, count 60.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mosby Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific drug list, Gabapentin, page 16 Page(s): 16.

Decision rationale: The request for Neurontin 600 mg, count 60 is not medically necessary. The California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The clinical notes did not support the use of Neurontin. The

documentation was not evident of diabetic pain or post herpetic neuralgia. The request did not address the frequency. As such, the request is not medically necessary.

Miralax powder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mosby Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use page 77 Page(s): 77.

Decision rationale: The request for Miralax power is not medically necessary. Per California MTUS when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Per the clinical notes the injured worker did not complain of constipation. The clinical notes did not address how long the injured worker had been taking an opioid. The request did not address the frequency or duration. As such, the request is not medically necessary.

Surgical consultation KVL with [REDACTED].: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The request for surgical consultation KVL is not medically necessary. The California MTUS/ACEOM indicates that a referral for surgical consultation may be indicated for patients who have activity limitation for more than four months, failure to increase the range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Per the clinical notes the injured worker had shoulder surgery on 02/11/2014 and the clinical notes dated 05/02/2014 indicate a second surgery. The clinical notes indicated that an MRI of the right shoulder had been performed, however no documentation submitted for review. The injured worker did receive postoperative physical therapy however the documentation was not submitted for review. The clinical notes submitted reveal that the injured worker was seen on 02/19/2014, eight days post-op and then again on 05/02/2014 with a request for another surgery. However, no documentation was provided to review that showed four months of activity limitations. Strength revealed a 4/5 to the right shoulder and range of motion was flexion 160 degrees and extension of 40 degrees that was less than 3 months postoperative. The request is not medically necessary.