

Case Number:	CM14-0046441		
Date Assigned:	07/02/2014	Date of Injury:	07/30/2012
Decision Date:	09/05/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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:

Patient is a 47-year-old male who has submitted a claim for cervicalgia, thoracic sprain, lumbar radiculitis, lumbar discogenic disease, bilateral shoulder sprain, right foot sprain, depressive disorder, fracture of right great toe, and right shoulder rotator cuff tear associated with an industrial injury date of 07/30/2012. Medical records from 2012 to 2014 were reviewed. Patient complained of pain at bilateral shoulders, neck, upper / lower back, right foot and right toe. Aggravating factors included prolonged sitting, standing, walking, bending, kneeling, lifting, pushing, and pulling activities. Patient experienced recent flare-up of symptoms. Patient likewise reported symptoms of anxiety and depression due to pain and loss of work. Physical examination showed tenderness both shoulders, left trapezius, paracervical muscles, paralumbar muscles and bilateral sciatic notch. Muscle guarding and muscle spasm were noted at the paracervical spine. Foraminal compression test was painful on both sides. Range of motion of bilateral shoulder and cervical spine was restricted. Impingement maneuver was positive at the right shoulder. Load and shift testing and supraspinatus resistance test revealed pain on the right shoulder. Weakness was noted at the right deltoid, biceps, right C7 and C8 myotomes. Valsalva, Kemp's test, Patrick's test and straight leg raise tests were positive bilaterally. Reflexes and motor exam of bilateral lower extremities were normal. Sensation was diminished at right C7, C8, and L4 dermatomes. MRI of the cervical spine, dated 03/14/2013, demonstrated that at C3-C4 there was mild right and moderate to severe left neural foraminal stenosis secondary to unciniate / facet arthropathy. There was mild to moderate superimposed spinal canal stenosis and mild right / moderate left neural foraminal stenosis at C4-C5 level. There were findings suggesting cord impingement at C3-C4. MRI of the right shoulder, dated 03/14/2013, showed low-grade partial thickness intrasubstance delaminating tear at the junction of the posterior supraspinatus and anterior infraspinatus; moderate subscapularis tendinosis, and moderate AC

joint osteoarthritis. Treatment to date has included physical therapy, use of a TENS unit, and medications such as Norco, ibuprofen, Norflex, and Soma. Utilization review from 03/19/2014 denied the request for orthopedic surgery consult for right shoulder because there was no documentation of red flag or surgical lesion of the right shoulder; denied pain management consult and second epidural steroid injection because the request for ESI was non-certified since there was no evidence of 50% pain relief from previous ESI; denied psychiatric evaluation for depression because there was no documentation of psychiatric medical history, current psychological symptoms, and physical exam to support such request; denied Soma 350mg, #120, 1 three times a day, with 4 refills because it was not indicated for long-term use; and modified the request for Norco 10/325mg, #120, 1 four times a day with 4 refills into #60 for weaning purpose because of absent evidence of specific pain reduction and functional benefits derived from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopaedic surgery consult for right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of right shoulder pain corroborated by the following findings: tenderness, restricted range of motion, positive impingement maneuver, positive load and shift test, positive supraspinatus test, weakness, and dysesthesia. MRI of the right shoulder, dated 03/14/2013, showed low-grade partial thickness intrasubstance delaminating tear at the junction of the posterior supraspinatus and anterior infraspinatus; moderate subscapularis tendinosis, and moderate AC joint osteoarthritis. Patient was last seen by orthopedic surgeon on 10/11/2013 with a recommendation for right shoulder arthroscopy. Prior utilization review from 12/03/2013 noncertified the procedure. However, present clinical and functional status of the patient showed persistence of symptoms despite physical therapy and intake of medications. Re-evaluation is necessary at this time to determine further treatment options. Therefore, the request for Orthopaedic surgery consultation for right shoulder is medically necessary.

Pain management consultation for second epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for second epidural steroid injection has been deemed not medically necessary; therefore, all of the associated services, such as this request for pain management consult for second epidural steroid injection is not medically necessary.

Second epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient complained of cervical pain substantiated by positive compression test, weakness of right C7 - C8 myotomes, and dysesthesia at C7-C8 dermatomes. Clinical manifestations are consistent with radiculopathy and corroborated by MRI findings of multilevel moderate to severe neural foraminal stenosis with cord impingement at C3-C4. Epidural steroid injection may be indicated in this case. However, patient underwent ESI previously and significant details such as levels treated, and percent with duration of pain relief were not documented. The medical necessity cannot be established due to insufficient information. Moreover, the request failed to specify intended level for injection. Therefore, the request for second epidural steroid injection is not medically necessary.

Psychiatric evaluation for depression: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient reported symptoms of anxiety and depression due to pain and loss of work. Psychological evaluation was requested to rule out any emotional mental malingering or maladjustment and to determine if there was any pain related to psychological pathology. The

medical necessity was established. Therefore, the request for psychiatric evaluation for depression is medically necessary.

Soma 350mg, #120, with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, patient has been on carisoprodol since January 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Furthermore, this medication is being requested together with opioids, which is not recommended by the guidelines due to high potential of abuse. Although the most recent physical examination still showed presence of muscle spasm, long-term use of Soma is not recommended. Moreover, it is unclear why multiple muscle relaxants are needed in this case since patient is likewise on orphenadrine. Therefore, the request for Soma 350mg, #120, with 4 refills is not medically necessary.

Norco 10/325mg, #120: 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): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since November 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg, #120, 4 refills is not medically necessary.