

Case Number:	CM14-0062290		
Date Assigned:	07/11/2014	Date of Injury:	04/18/2012
Decision Date:	10/02/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 Orthopedic Surgery 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 claimant is a 43-year-old who was injured on April 18, 2012. The clinical records for review include a PR2 report dated April 1, 2014 documenting that the claimant was working as a welder when he was involved in a rear end motor vehicle accident. This resulted in acute complaints of shoulder pain, left upper extremity pain, low back, and arm pain. The claimant's chief complaint is low back pain with radiating numbness and tingling to the left foot in addition to complaints of pain in the shoulder despite conservative care. Physical examination showed sensory change to light touch in a left L4 through S1 dermatomal distribution with 4+ out of 5 of the left quadriceps, tibialis anterior, EHL (extensor hallucis longus) inversion and eversion strength. Left shoulder examination demonstrated tenderness to palpation over the subacromial joint and acromioclavicular joint with restricted range of motion, positive impingement and 5-strength with flexion, abduction, and external rotation. Documented in the report was an MRI dated June 9, 2012 that showed stenosis at multiple levels from L2-3 through L5-S1. There was no indication of significant compressive or acute compressive pathology. It was also noted that previous electrodiagnostic studies of the lower extremities dated August 21, 2012, were normal. The report of an MRI of the left shoulder dated March 26, 2013 showed acromioclavicular joint degenerative change with signal change to the labrum indicative of a SLAP lesion but no indication of bicipital findings. The records document that the claimant has failed conservative care for both the shoulder and low back. Current request is for continuation of medication management to include topical LidoPro, cyclobenzaprine and hydrocodone. There are also requests for two level L4-5 and L5-S1 epidural steroid injections, surgical intervention in the form of a left shoulder subacromial decompression, distal clavicle excision, and SLAP assessment, the use of a single point cane and ongoing follow up with [REDACTED] for orthopedic management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Review (LidoPro Topical, Cyclobenzaprine and Hydrocodone/APAP): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113, Muscle Relaxants and Opioids. Page(s): 111-113.

Decision rationale: California MTUS Chronic Pain Guidelines do not support continued use of medications. The medications prescribed for the claimant include LidoPro topical cream, cyclobenzaprine and hydrocodone. In regards to the topical analgesic, the Chronic Pain Guidelines do not support the topical use of lidocaine as topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. There is no documentation of a neuropathic component to the claimant's pain. The use of this topical compound would not be supported. The Chronic Pain Guidelines would also not support the continued use of cyclobenzaprine as they recommend that muscle relaxants should be used with caution as a second line agent for acute inflammatory findings in the chronic setting. At present, there is no acute indication of clinical findings or indication for continued role of muscle relaxants in the chronic setting. The specific request would not be supported. Finally, clinical records would not support the continued use of hydrocodone. The Chronic Pain Guidelines only recommend the use of short acting narcotic analgesics if documentation of benefit or advancement of function is noted. There is no documentation that the claimant is receiving any significant benefit or increase in physical function with use of hydrocodone. Its continued use at this chronic stage in the claimant's clinical course of care would thus not be indicated.

Left shoulder ASAD/DCR/scope evaluation of SLAP lesion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Surgery for SLAP lesions.

Decision rationale: California ACOEM Guidelines supported by Official Disability Guideline criteria would not support the acute role of shoulder arthroscopy, decompression, and evaluation of SLAP lesion. The medical records do not document recent conservative care including injection therapy. Without documentation of three to six months of conservative measures in regards to the shoulder as recommended by ACOEM Guidelines, the acute need of operative procedure would not be supported.

Single point cane: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: California MTUS and ACOEM Guidelines do not address the use of a single point cane. The Official Disability Guidelines do not support the use of a single point cane. There is no documentation that the claimant has instability of his gait to require the use of a cane.

L4-5, L5-S1 epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS Chronic Pain Guidelines do not support the request for two level epidural steroid injections. The request for an epidural steroid injection at the L4-5 and L5-S1 level would fail to meet the Chronic Pain Guidelines because the presence of radiculopathy has not been proven by both physical examination or corroborated by imaging studies or electrodiagnostic testing. This individual's recent electrodiagnostic studies of the lower extremities were negative showing no evidence of acute or chronic radiculopathy. Without documentation of compressive pathology at the L4-5 and L5-S1 level, the role of injection would not be supported.

Ongoing follow-up with physician: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 127

Decision rationale: California ACOEM Guidelines would support the use of ongoing care with [REDACTED]. [REDACTED] is handling this individual from a shoulder perspective. While the role of operative intervention has not been established, followup with [REDACTED] for further advancement of treatment would be medically necessary.