

Case Number:	CM14-0078867		
Date Assigned:	07/18/2014	Date of Injury:	10/20/2012
Decision Date:	10/01/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 New York and North Carolina. 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 patient, a 50 year old female former warehouse associate, who claims injury 10/20/2012 and is diagnosed with rotator cuff pathology. She states that she had pain from prolonged standing, constant bending when packing merchandise into boxes and placing them on pallets. She said that on the date of injury a co-worker knocked over boxes on a pallet, striking her on the right side of the body, resulting in loss of consciousness briefly, and pain her legs and arms. She is not working. She is appealing the 5/21/14 denial of bilateral shoulder MRI, Tramadol and Zanaflex. She previously had bilateral shoulder MRI studies on January 30, 2014. The right shoulder MRI showed AC arthropathy, a 25 mm full thickness supraspinatus tear, tendinopathy of the infraspinatus, and possible labral injury. The left shoulder MRI did not elucidate new pathology, showing postoperative changes (she had surgery 2006 resultant from a personal injury), subacromial bursitis, supraspinatus tendinopathy and muscular atrophy. She has been on long-term muscle relaxants (Zanaflex) and narcotics (Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance Imaging (MRI)

Decision rationale: Per 4/30/14 note from the orthopedist, "examination of the right shoulder, wrists and hands and knees remain essentially unchanged from that when last seen." There is no indication for new MRI of the right shoulder following one done earlier this year. Per ODG guidelines, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There has been no significant change since last MRI was completed a few months prior. Therefore, this request is not medically necessary.

MRI left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: Per 4/30/14 note from the orthopedist, "examination of the right shoulder, wrists and hands and knees remain essentially unchanged from that when last seen." Left shoulder exam notes tenderness, positive impingement sign and decreased range of motion, like prior to MRI evaluation in January. There is no indication for new MRI of the left shoulder following one done earlier this year. Per ODG guidelines, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There has been no significant change since last MRI was completed a few months prior. Therefore, this request is not medically necessary.

Tramadol #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS - CRITERIA FOR USE Page(s): 80.

Decision rationale: She remains on Tramadol without return to work and without appreciable improvements in pain, described as ongoing, constant and persistent, in her neck, shoulders, wrists and hands, and knees. The specific medications prescribed are not mentioned in the treatment notes, and there is no plan outlining how they are to be used. There has been no functional improvement on the medication noted. There has been no appreciable decrease in pain documented. There has been no return to work. She has not met the criteria, per MTUS Guidelines for ongoing narcotic use. Therefore, this request is not medically necessary.

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63, 66.

Decision rationale: This patient has been on muscle relaxant medication for an unspecified amount of time. Despite the use of the Zanaflex, medical records, including the 4/30/14 note, state that she has ongoing stiffness. They do not appear to be helping with muscle tightness. Muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbation of chronic LBP. Tizanidine may be a first-line option to treat myofascial pain syndrome. That is not indicated as a diagnosis this patient has. There is not dosing information supplied as to how this medication is to be taken. Therefore, this request is not medically necessary.