

Case Number:	CM14-0082208		
Date Assigned:	07/21/2014	Date of Injury:	11/10/2002
Decision Date:	09/18/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 56 year old male with an injury date of 11/10/02. Based on the 03/18/14 progress report provided by [REDACTED], the patient complains of persistent neck and shoulder pain. Patient experiences increased discomfort affecting flexor aspect of the forearm with aching pain in his hand. Deep aching pain in the left aspect of the shoulder girdle and axilla is noted. There are paresthesias with overlapping symptoms of neck and shoulder pain. Patient has been treated for rotator cuff problem and continued cervical pain after surgery (see Operative History below). Current medications include gabapentin, Lyrica and hydrocodone. His medications improve his activities of daily living, allowing for less discomfort when performing activities such as brushing his teeth. Per progress report dated 01/04/14, patient has been able to decrease dosage of hydrocodone with the combination of gabapentin and Lyrica. The injured worker's diagnosis includes mild cervical disc degeneration; mild thoracic disc degeneration; neck pain; and shoulder pain. The Physical Examination (03/18/14) revealed the cervical has discomfort on palpation of posterior cervical musculature, which increases with range of motion of the cervical spine bilaterally. There is paraspinal tenderness in posterior cervical area. The shoulder has diffuse soft tissue tenderness on palpation of the left shoulder; significant pain on palpation of the left subacromial space; pain on palpation of rotator cuff; and pain increases with attempts to abduct and elevate the arm above shoulder level. The exam of the upper extremities revealed pinprick sensation is decreased in the left 1st and 4th dorsal interspaces with overall decreased light touch sensation in both upper extremities. Motor strength is grossly intact. There was discomfort at the sternoclavicular junction, which increases with mobilization of the left clavicle. The operative history, per progress report dated 03/18/14, includes an 11/21/12 rotator cuff surgery; An MRI suggested a full thickness rotator cuff tear; and 03/21/11 medial branch

block right C4, C5, C6, C7. Diagnosis was chronic right neck pain, cervical disc deterioration and facet arthropathy; and 09/20/11 surgery at C5-6 and C7 level. Procedure unspecified. The patient still had persistent pain affecting the neck and left upper extremity, even after that procedure with paresthesias and allodynia affecting the left arm. The 10/15/10 operative report included epidural corticosteroid injection C7-T1, cervical disc deterioration with left upper extremity radiculopathy and C5-C6 disc bulge with forearm stenosis. On 12/07/09 the injured worker underwent surgery for left rotator cuff tear with biceps tendinosis. An MRI dated 08/14/2012, of the left shoulder revealed a screw tract is seen within the greater tuberosity of the humeral head compatible with prior rotator cuff repair; a second screw tract is also seen near the vicinity of the lesser tuberosity, also compatible with repair; another screw tract is seen in the glenoid; 2mm perforating focal full-thickness tear extending through supraspinatus distally; and cartilage of the shoulder is mildly thinned but without full-thickness defects seen. 06/29/10: Cervical Spine- significant disc deterioration and osteophyte formation at C5-6. There is also slight disc bulging at C2-3, C3-4, C4-5 and C6-7. Dr. [REDACTED] is requesting for and MRI of the left shoulder and Hydrocodone 10/325mg #120. The utilization review determination being challenged is dated 06/02/14. The rationale was that per submitted history or physical exams, there was no indication of findings suspicious for significant pathology or red flags that would require a repeat shoulder MRI. Regarding the request for Hydrocodone, a urine drug screen test had not been submitted, hence not meeting criteria for ongoing use of opioid analgesics per guidelines. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 04/04/06 - 03/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The patient presents with cervical degeneration and shoulder pain, and is status post multiple surgical cervical and shoulder procedures, per progress report 03/18/14. The request is for MRI left shoulder. The patient still experiences increased discomfort affecting flexor aspect of the forearm with aching pain in his hand. There is deep aching pain in the left aspect of the shoulder girdle and axilla, per treater report dated 03/18/14. Physical examination findings show tenderness on palpation of the left shoulder with significant pain on palpation of the left subacromial space. There is discomfort on palpation of posterior cervical musculature. Pinprick sensation is decreased in the left 1st and 4th dorsal interspaces with overall decreased light touch sensation in both upper extremities. ACOEM guidelines has the following regarding shoulder MRI: (pp207-208): "Primary criteria for ordering imaging studies : Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or

Raynaud's phenomenon)." In this case, the patient had an MRI couple of years ago. The treater does not mention any new injuries; examination does not show any new changes that are severe, such as neurologic deterioration. However, the patient is status post shoulder surgery and has not had an updated MRI since then. As such, the request is medically necessary.

Hydrocodone 10/ 325 mg. # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): : 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; Page(s): 60,61; 88, 89; 78.

Decision rationale: The patient presents with cervical degeneration and shoulder pain, and is status post multiple surgical cervical and shoulder procedures per progress report 03/18/14. The request is for Hydrocodone 10/325mg #120. The patient still experiences increased discomfort affecting flexor aspect of the forearm with aching pain in his hand. Deep aching pain in the left aspect of the shoulder girdle and axilla, per treater report dated 03/18/14. The patient has been treated for rotator cuff problem and continued cervical pain after surgery. Current medications include Gabapentin, Lyrica and Hydrocodone. His medications improve his activities of daily living (ADLs), allowing for less discomfort when performing activities such as brushing his teeth. The patient states that "if he takes neither medication, his pain level will increase to 9/10 and he indicates at that point he is ready to go to the emergency room." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this case, treater mentions that patient has been able to decrease dosage of Hydrocodone with the combination of Gabapentin and Lyrica. However, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.