

<b>Case Number:</b>	CM14-0086111		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Geriatrics and is licensed to practice in New York. 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 44 year old man with a date of injury of 9/12/13. He has a history of Crohn's and Celiac disease. He is status post right shoulder surgery on 10/30/13. He was seen by his primary treating physician on 4/30/14 and noted residual decreased range of motion and 8/10, sharp, throbbing and aching pain after surgery. His current medications were norco, orphenadrine, pantoprazole, tenormin and gabdexam. He was tolerating the norco and antispasmodics. He denied nausea, vomiting or abdominal pain. His physical exam showed healed incisions to his right shoulder with 4/5 strength to resistance. His range of motion was 0 to 100 degrees flexion, 0 to 80 degrees abduction, 0 to 50 degrees external rotation and 0 to 70 degrees internal rotation. He had a positive impingement sign and positive subacromial bursitis. A plain film radiograph showed mild to moderate acromioclavicular joint DJD. His diagnoses were status post right shoulder surgical intervention with residual adhesive capsulitis, bursitis and impingement. The plan at issue in this review is norco, flexeril, chiropractic (12 sessions) and a med panel/blood draw to evaluate kidney, liver and CBC function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Panel/blood draw:** Upheld

**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 Other Medical Treatment Guideline or Medical Evidence:Uptodate: Approach to the patient with abnormal liver biochemical and function tests, Causes and diagnosis of iron deficiency anemia in the adult.

**Decision rationale:** At issue in this review is the request for lab / blood work in this injured worker with a history of shoulder injury with surgery, Crohn's and Celiac disease. His physical exam only documented his shoulder exam and his blood pressure was not documented. He had no cardiac, GI, hepatic or esophageal symptoms documented. There were no historical or exam findings for toxicity or side effects of his medications. His opioids contain tylenol but given his age and no symptoms of any toxicity or gastrointestinal illness or symptoms, liver enzyme lab monitoring is not medically indicated. Also, given his age no symptoms of any toxicity or renal, gastrointestinal or cardiovascular illnesses or symptoms, renal panel and CBC lab monitoring is not medically indicated. The physician visit also does not substantiate the clinical reasoning or justify why the blood work is needed. The requeest is not medically necessary.

**Flexeril 7.5mg X90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** This injured worker has chronic shoulder pain with an injury sustained in 2013. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 4/14 fails to document any spasm on exam or justification for the flexeril. The medical necessity is not supported in the records.

**Chiropractic Physiotherapy 3 x4 right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-59.

**Decision rationale:** Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The records do not indicate that he is not able to return to productive activities after his shoulder surgery or that he is participating in an ongoing exercise program to which the

chiropractic care would be an adjunct. The records do not support the medical necessity of 12 sessions of chiropractic therapy.

**Norco 10/325mg X 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26.

**Decision rationale:** This 44 year old injured worker has chronic shoulder pain with an injury sustained in 2013.. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 4/14 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The norco 10/325 x 90 is denied as not medically necessary.