

Case Number:	CM14-0188023		
Date Assigned:	11/19/2014	Date of Injury:	03/29/1999
Decision Date:	01/07/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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:

This is a 62-year-old male with a 3/29/1999 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/16/14 noted subjective complaints of right shoulder pain, panic episodes, and sleep disturbance. Objective findings included decreased right shoulder range of motion, positive Hawkin's, Neer's, shoulder crossover, empty can, and lift-off tests, and tenderness of the AC joint and coracoid process. An 8/25/14 progress report notes that the patient was no Seroquel and Klonopin at that time as well. Diagnostic Impression: shoulder pain; treatment to date: medication management. A UR decision dated 11/6/14 denied the request for Seroquel 100 mg #30. Antipsychotics for anxiety are not recommended. Seroquel is not a first-line treatment. It also modified the request for Klonopin 0.5 mg #30, certifying #27. The patient has been using Klonopin longer than the recommended limit of 4 weeks. #27 was certified for weaning. It also denied an MRI of the right shoulder without contrast. Current treatment guidelines do not recommend a repeat MRI; the provided documentation does not indicate any significant new trauma or pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 100 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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: FDA (Seroquel)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Seroquel is indicated for Schizophrenia; acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or Divalproex; monotherapy for the acute treatment of depressive episodes associated with bipolar disorder; and maintenance treatment of bipolar I disorder, as an adjunct to lithium or Divalproex. However, although the patient complains of some paranoia and anxiety, he does not have any noted diagnosis of schizophrenia or bipolar disorder in the documents available for review. Guidelines do not recommend the use of Seroquel for undifferentiated agitation or anxiety. Therefore, the request for Seroquel 100 mg #30 is not medically necessary.

Klonopin .5 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, given the 1999 original date of injury, it is unclear how long the patient has been taking Klonopin. Additionally, the guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. Furthermore, there is no clear documentation of objective functional benefit obtained from the use of Klonopin. Therefore, the request for Klonopin 0.5 mg #30 is not medically necessary.

MRI of The Right Shoulder without Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208,209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs,

shoulder pain, and suspected pathology likely to be demonstrated on MRI. In the documents available for review, there are abnormal physical exam findings noted on the shoulder examination. However, there is no documentation of a prior normal plain shoulder radiograph. Additionally, there is no mention of surgical consideration for this patient. Finally, there is no clear documentation of a failure of conservative measures such as physical therapy. Therefore, the request for MRI of the right shoulder without contrast is not medically necessary.