

Case Number:	CM15-0009095		
Date Assigned:	01/27/2015	Date of Injury:	05/12/2014
Decision Date:	04/02/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 54 year old male sheet metal worker fell from a scaffold onto his left side and hung via his armpit on 5/12/14. He subsequently reports pain in his left shoulder and left knee. The injured worker has undergone multiple x-rays and MRI's. Prior treatments include chiropractic care, TENS therapy, injections and acupuncture. Prescribed medications include Norco and Ibuprofen. MRI scan 6/12/14 of left knee showed large complex tear of both anterior and posterior horns of medial meniscus with tricompartmental osteoarthritis. The MRI of his left shoulder 6/12/2014 showed severe glenohumral arthritis with labral tear extending posteriorly and moderate to severe AC joint arthrosis. There was mild infraspinatus, supraspinatus and subscapularis tendinosis. There was no significant rotator cuff impingement The UR decision dated 1/10/15 non-certified the Unknown Left Shoulder Surgery. The PR2 of 11/20/2014 notes the request for surgery will be for labrum and rotator cuff tears repair along with decompression and a modified Mumford procedure. The PR2 of 11/21/2014 noted the patient had been instructed in Home exercise program (HEP) for spine and knee and demonstrated compliance with the prescribed HEP. The PR2 of 12/15/2014 noted continued compliance with the prescribed HEP but no mention of therapy directed toward the patient's shoulder Prescription of Voltaren Gel 1% 100G, #3 Tubes, Lidoderm patches 5% and Motrin 800 mg #90 between 12/30/14 and 3/8/15 and partially certified the Norco 10/325 mg #90. The Unknown Left Shoulder Surgery was denied based on ACOEM Guidelines Chapter 9 (Shoulder Complaints) guidelines. The Prescription of Voltaren Gel 1% 100G, #3 Tubes, Lidoderm patches 5% and Motrin 800 mg #90 between 12/30/14 and 3/8/15 were denied based on CA MTUS Chronic Pain Medical Treatment

guidelines. The prescription for Norco 10/325 mg #90 has been modified to a certification of 1 prescription of Norco 10/325 mg #30 between 12/30/14 and 3/8/15 based on CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown left shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter-labrum tear surgery.

Decision rationale: Documentation contains reference to the patient's knee and back pain and physical therapy notes indicating compliance with a home exercise program. However, documentation does not indicate the therapy program directed toward the patient's shoulder. While the ODG guidelines indicate surgery may be necessary for severe AC joint arthrosis, the documentation does not contain evidence of a diagnostic block of the AC joint or its results. Thus the requested treatment: Unknown left shoulder surgery is not medically necessary and appropriate.

Voltaren gel 1%, 100 grams, three tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medication Chapter-topical analgesics.

Decision rationale: The ODG guidelines indicate there is little evidence to utilize NSAIDS for treatment of osteoarthritis of the shoulder. The requested treatment does not indicate whether this was prescribed for the shoulder or not. If it is used for the knee, then its use is recommended for the short term 4-12 weeks. However, documentation indicates Motrin and Nalfon had already been prescribed orally so knowing just how much NSAID would be adsorbed systemically with this topical agent is difficult. The guidelines recommend using one drug at a time. Thus the requested treatment voltaren gel 1%, 100 Grms, three tubes is not medically necessary and appropriate.

Lidoderm patches 5%, sixty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications Chapter-Lidoderm(lidocaine patch).

Decision rationale: The ODG guidelines do not recommend the lidoderm patch until a trial of first-line therapy has been completed. The documentation does not give evidence that such a trial was initiated, monitored and completed. Moreover the guidelines note this medication is not generally recommended for the treatment of osteoarthritis or treatment of myofascial pain/trigger points. Thus the requested treatment: Lidoderm patches 5%, sixty count is not medically necessary and appropriate.

Norco 10/325 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids-Long term users of opioids Page(s): 77-88.

Decision rationale: According to the California MTUS guidelines, assessment is key in the patient who has been on opioids for many months. Documentation of functional improvement is key because the recommendation is that opioids should only be used in the short term in the absence of strong nociceptive evidence. And documentation of the smallest dosage for the shortest time is also important. Opioids are not recommended as a first-line therapy for osteoarthritis. They should not be used until the patient has failed a trial of non-opioid treatment. Documentation does not show such a program was followed. Thus the requested treatment Norco10/325 mg, ninety count is not medically necessary and appropriate.

Motrin 800 mg, ninety count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-Ibuprofen Page(s): 72.

Decision rationale: Ibuprofen is recommended for osteoarthritis by the California MTUS Guidelines. The lowest effective dose with the best frequency is advised to off set the potential risk of treatment. For mild to moderate pain generally 400mg every 4-6 hours will suffice. The MTUS guidelines note that individual patient may show no better response to 3200 mg as to 2400 mg daily. Doses greater than 3200 mg/day should not be exceeded according to the guidelines. The Requested treatment: Motrin 800 mg, ninety count is medically necessary and appropriate.

