

Case Number:	CM15-0101076		
Date Assigned:	06/03/2015	Date of Injury:	08/20/2005
Decision Date:	11/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 51 year old female with a date of injury on 08-20-2005. The injured worker is undergoing treatment for right shoulder impingement syndrome with rotator cuff tendinitis and acromioclavicular joint arthritis, left shoulder impingement with rotator cuff tendinitis and acromioclavicular joint arthritis, and cervical pain has C6-7 protruding disc with left-sided C7 radiculopathy. A physician progress note dated 04-08-2015 documents the injured worker has complaints of neck and bilateral shoulder pain. There is spasm about the posterior neck and it is tender to palpation. She has pain with motion. Range of motion is restricted. Right shoulder inspection reveals a healed scar. There is crepitus and pain about the acromioclavicular joint bilaterally. Neer sign is positive bilaterally. Hawkins test is positive bilaterally. Right and left shoulder range of motion is restricted. The treatment plan includes a Magnetic Resonance Imaging of the right and left shoulder, Protonix for stomach upset, Prozac for depression and Xanax for anxiety, Celebrex for inflammation and pain and Percocet for severe pain. She is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, therapy, and history of status post cervical fusion. The Request for Authorization includes the request for 1 MRI of the left shoulder as an outpatient, Percocet 10-325mg #60, Xanax 0.25mg #60, Celebrex 200mg #60, Protonix 20mg #60, and Prozac 20mg #30. On 04-28-2015 Utilization Review non-certified the request for 1 MRI of the left shoulder as an outpatient. Percocet 10-325mg #60 was modified to Percocet 10-325mg #30 for weaning. Xanax 0.25mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.25mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are right and left shoulder impingement syndrome with rotator cuff tendinitis and acromioclavicular joint arthritis; cervical spine C6 - C7 protruding disc with left-sided C7 radiculopathy. Date of injury is October 20, 2005. Request for authorization is April 16, 2015. According to a progress note dated December 16, 2013, the treating provider prescribed Percocet 10/325mg at that time. According to a March 11, 2015 AME, the injured worker had an MRI of the left shoulder performed August 8, 2007 and December 28, 2007. According to an April 8, 2015 progress note, subjective complaints include neck and bilateral shoulder pain. There is no documentation indicating depression or anxiety. Objectively, there was spasm with decreased range of motion and tenderness in the paraspinal muscle groups of the cervical spine. There was a positive Neer's and Hawkins with tenderness about the AC joint and decreased range of motion. Motor function was 5/5 with a normal sensory examination. Current medications included Xanax 0.25 mg. There is no start date for Xanax in the medical record. There is no documentation with a clinical indication or rationale for Xanax in the absence of anxiety and/or depression. There is no documentation demonstrating objective functional improvement to support ongoing Xanax. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation with a start date, no clinical indication or rationale for Xanax 0.25 mg, Xanax 0.25mg #60 is not medically necessary.

Percocet 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg # 60 is not medically necessary. Ongoing, chronic

opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right and left shoulder impingement syndrome with rotator cuff tendinitis and acromioclavicular joint arthritis; cervical spine C6 - C7 protruding disc with left-sided C7 radiculopathy. Date of injury is October 20, 2005. Request for authorization is April 16, 2015. According to a progress note dated December 16, 2013, the treating provider prescribed Percocet 10/325mg at that time. According to a March 11, 2015 AME, the injured worker had an MRI of the left shoulder performed August 8, 2007 and December 28, 2007. According to an April 8, 2015 progress note, subjective complaints include neck and bilateral shoulder pain. There is no documentation indicating depression or anxiety. Objectively, there was spasm with decreased range of motion and tenderness in the paraspinal muscle groups of the cervical spine. There was a positive Neer's and Hawkins with tenderness about the AC joint and decreased range of motion. Motor function was 5/5 with a normal sensory examination. Current medications include Percocet and Xanax 0.25 mg. There is no documentation demonstrating objective functional improvement to support ongoing Percocet. As noted above, the treating provider prescribed Percocet 10/325mg for back as December 2013. The documentation does not demonstrate objective functional improvement to support ongoing Percocet. There are no detailed pain assessments or risk assessments in the medical record. Over the two-year period, there has been no documentation indicating an attempt to wean Percocet. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating an attempt to wean over the two-year period dating back to December 2013 and no documentation demonstrating objective functional improvement to support ongoing Percocet, Percocet 10/325mg # 60 is not medically necessary.

1 MRI of the left shoulder as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, (1) MRI of the left shoulder as an outpatient is not medically necessary. MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case,

the injured worker's working diagnoses are right and left shoulder impingement syndrome with rotator cuff tendinitis and acromioclavicular joint arthritis; cervical spine C6 - C7 protruding disc with left-sided C7 radiculopathy. Date of injury is October 20, 2005. Request for authorization is April 16, 2015. According to a progress note dated December 16, 2013, the treating provider prescribed Percocet 10/325mg at that time. According to a March 11, 2015 AME, the injured worker had an MRI of the left shoulder performed August 8, 2007 and December 28, 2007. The MRI dated December 28, 2007 of the left shoulder showed mild fibrous hypertrophy of the joint capsule of the acromioclavicular joint with curved acromion having anterior inferior really projecting small spur causing mild impingement of the supraspinatus; partial thickness tear of the supraspinatus tendon; tendinosis of the distal supraspinatus tendon; and minimal bursitis. According to an April 8, 2015 progress note, subjective complaints include neck and bilateral shoulder pain. There is no documentation indicating depression or anxiety. Objectively, there was spasm with decreased range of motion and tenderness in the paraspinal muscle groups of the cervical spine. There was a positive Neer's and Hawkins with tenderness about the AC joint and decreased range of motion. Motor function was 5/5 with a normal sensory examination. Current medications included Xanax 0.25 mg. There is no documentation of physical therapy or conservative management in the medical record. Impingement syndrome can improve with physical therapy. There are no physical therapy progress notes in the medical record. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There is no documentation indicating a significant change in symptoms and/or objective findings suggestive of significant pathology to warrant a repeat MRI of the left shoulder. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, two prior magnetic resonance imaging scans of the left shoulder and no documentation indicating a significant change in subjective symptoms or objective clinical findings of the left shoulder, (1) MRI of the left shoulder as an outpatient is not medically necessary.