

Case Number:	CM15-0101843		
Date Assigned:	06/04/2015	Date of Injury:	10/01/2007
Decision Date:	07/07/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male who sustained an industrial injury on 10/01/2007 when he missed a step on a ladder and fell approximately 10 feet onto a roof and then to the ground. The injured worker was diagnosed with multi-level cervical disc herniations with stenosis, lumbar spondylosis and left shoulder impingement syndrome. Treatment to date includes diagnostic testing, multiple surgery, physical therapy, steroid injections and epidural steroid injection, home exercise program and medications. The injured worker underwent a left shoulder arthroscopy with subacromial decompression, distal clavicle excision, debridement and synovectomy on November 13, 2014, partial right knee replacement in August 2013, a two-level cervical spine fusion in February 2010 and right knee surgery in 2008. According to the primary treating physician's progress report on April 28, 2015, the injured worker continues to experience cervical, lumbar and bilateral shoulder pain. The injured worker rates his neck and left shoulder pain at 7/10 and lumbar pain at 8/10. The injured worker also reports a recent fall at home with re-injury to the left shoulder. There were no objective findings of the left shoulder documented. Current medications are listed as Zanaflex, Norco and Naproxen. Treatment plan consists of continuing with medications and the current request for a magnetic resonance arthrogram (MRA) of the left shoulder, Norco 10/325 and Zanaflex 4mg refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance arthrogram (MRA) for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203, 207-209, 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Arthrography Section.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. Per ODG guidelines, arthrography is recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. (Banchard, 1999) Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. In this case, the injured worker had left shoulder surgery on 11/13/14 for subacromial decompression, distal clavical excision, debridement, and synovectomy. The injured worker has completed his post-surgical physical therapy. Recently, the injured worker fell at home, re-injuring his left shoulder. There is subjective pain over the shoulder on examination but no diagnosis other than shoulder pain. There has been no documented treatment of the shoulder post recent fall. MRA may eventually be indicated in this case, but only after conservative treatments have failed to correct his pain. The request for magnetic resonance arthrogram (MRA) for the left shoulder is not medically necessary.

Zanaflex 4mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Page(s): 63-66.

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. The injured worker has experienced a recent fall re-injuring an old shoulder injury. The available documentation provides objective evidence of muscle spasm. As the injured worker has had an acute exacerbation of pain, short-term treatment with a muscle relaxant is reasonable. The request for Zanaflex 4mg #30 is medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been prescribed Norco for an extended period for chronic pain without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #60 is not medically necessary.