

Case Number:	CM15-0107322		
Date Assigned:	06/11/2015	Date of Injury:	02/14/2012
Decision Date:	08/19/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/04/2015

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: Emergency 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:

This 59 year old woman sustained an industrial injury on 2/14/2012. The mechanism of injury is not detailed. Evaluations include left shoulder MRI dated 3/14/2014, undated cervical spine MRI, shoulder x-ray dated 10/11/2012, undated cervical spine x-rays, and undated thoracic spine x-rays. Diagnoses include rotator cuff syndrome, supraspinatus syndrome, and left shoulder joint pain. Treatment has included oral and topical medications and surgical intervention. Physician notes on a PR-2 dated 5/21/2015 show complaints of shoulder injury with pain. Recommendations include topical compound patch, Tylenol #3, second opinion orthopedic consultation, continue home exercise program, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen with Codeine 300/60mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is insufficient documentation of an improvement in pain with the use of opioids. Hence, there is incomplete fulfillment of the criteria for use based upon the MTUS guidelines. Therefore, the request as written is not medically necessary.

Consultation for second opinion with orthopedic speciality: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209; 211.

Decision rationale: According to the ACOEM guidelines, a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex or when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The American College of Occupational and Environmental Medicine, section on Shoulder Complaints, specifically recommends referral for surgical consultation for: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); activity limitation for more than four months, plus existence of a surgical lesion; failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The consultant will aid in the diagnosis, prognosis, and therapeutic management. The treating physician did get an orthopedic consultation. In this case, after examination of the patient, the consultant's recommendation was that the injured worker would not benefit from further surgery at this time. Imaging did not demonstrate a clear problem that would benefit from immediate surgical

intervention. There is no clear documentation to suggest that a second opinion would benefit the injured worker. Furthermore, surgical outcomes of rotator cuff tears are much better in younger patients than in older patients who may be suffering from degenerative changes in the rotator cuff. Therefore, the request for one second opinion orthopedic consultation is not medically necessary and appropriate.