

Case Number:	CM15-0135326		
Date Assigned:	07/23/2015	Date of Injury:	11/14/2011
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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: Internal Medicine, Pulmonary Disease

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 63 year old male, who sustained an industrial injury on 11/14/11. Initial complaints were of his right and left shoulders, bilateral arms and wrist and back. The injured worker was diagnosed as having cervical spine strain/sprain; status post right shoulder rotator cuff repair; left shoulder sprain/strain, left elbow sprain/strain; lateral epicondylitis; bilateral wrist sprain/strain; bilateral de Quervain's; carpal tunnel syndrome; right knee meniscal tear; lumbar spine sprain/strain spinal stenosis. Treatment to date has included physical therapy; status post right shoulder open rotator cuff repair/acromioplasty (2/19/13); left shoulder injections; status post right shoulder surgery (4/22/14); right shoulder injections; chiropractic therapy; medications. Diagnostics studies included MRI right knee (1/19/15); MRI lumbar spine (1/19/15); MRI left upper extremity joint (1/7/15); EMG/NCV bilateral lower extremities (1/30/15). Currently, the PR-2 notes dated 6/1/15 indicated the injured worker was in the office for an orthopedic follow-up and examination. He is awaiting authorization for his left shoulder impingement syndrome. He has had a successful surgery on the right shoulder with improvement of the subacromial pain. He has had extensive treatment noted by the provider for his left shoulder including anti-inflammatory medication, physical therapy, subacromial cortisone injection, and rest. Treatments have helped but only temporarily as report by the injured worker. He has persistent moderate left shoulder pain aggravated by attempted lifting, reaching and pushing. Most pain occurs during the day with occasional pain at night. He also has documented medial meniscus tear on the right knee and the provider is seeking authorization for surgery of the right knee torn meniscus due to failure to improve with conservative management. The provider has been informed the right knee is not an accepted body part in the injured workers claim. The provider notes there has been no change in examination since the last visit on

4/6/15. An EMG/NCV study of the lower extremities dated 1/30/15 impression revealed an EMG normal study with no evidence of bilateral lumbosacral radiculopathy, except mild evidence of right S1 radiculopathy. A NCS revealed no evidence of bilateral saphenous, sural, tibial or peroneal neuropathy and normal H reflexes. A MRI of the lumbar spine with flexion and extension dated 1/19/15 impression reveals disc desiccation at L1-L2 down to L5-S1; Modic Type II end plate degenerative changes at T12-L1, L1-L2 and L5-S1; restricted range of motion on lumbar spine flexion and extension views is present. This may reflect an element of myospasm. Broad-based disc herniation is noted at L2-L3 through L5-S1 causing spinal stenosis. There is associated stenosis of the bilateral lateral recess. Disc material and facet hypertrophy also cause bilateral neural foraminal narrowing. A MRI of the left shoulder impression reveals supraspinatus tendon high-grade articular-sided tearing adjacent to the footprint with focal areas of full-thickness involvement; infraspinatus tendon low-grade articular-sided partial thickness tearing at the footprint on the background of moderate tendinosis; laterally downsloping type II acromion with subacromial enthesophyte, raising the possibility of external subacromial impingement; mild acromioclavicular joint osteoarthritis. A MRI of the right knee dated 1/19/15 impression reveals a Grade III tear involving body and posterior horn of the medial meniscus; myxoid degeneration involving body and posterior horn of lateral meniscus; sprain of medial collateral ligament; parameniscal cyst adjacent to posterior horn of medial meniscus; tibio-femoral joint space is reduced with irregularity of the articular cartilage and marginal osteophytes; small knee joint effusion. The provider is requesting authorization of Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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 On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 63 year old male with an injury on 11/14/2011. He had bilateral shoulder pain, back pain, bilateral arm and wrist pain. On 02/19/2013, he had a right shoulder open rotator cuff repair with acromioplasty. On 01/30/2015, he had an EMG/NCV of both lower extremities that was normal. MRI of the left shoulder revealed a supraspinatus tendon tear. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria.