

Case Number:	CM15-0206699		
Date Assigned:	10/23/2015	Date of Injury:	04/24/2000
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 injured worker is a 71-year-old male who sustained an industrial injury on 4/24/00. Injury occurred while he was operating a row grader that tipped over on a slope, slamming him up against the metal part of the grader. Past surgical history was positive for left below the knee amputation with stump revision, right rotator cuff repair in 1996 and 2000, L4/5 foraminotomy, right total hip replacement in 2007, and bilateral carpal tunnel release. Past medical history was positive for left hip fracture, hypertension, myocardial infarction, diabetes, and chronic obstructive pulmonary disease. The 8/7/14 right shoulder MRI impression documented severe glenohumeral osteoarthritic changes with diffuse degeneration of the glenoid labrum. There was partial thickness tearing of the subscapularis tendon, and significant long head biceps tendinopathy with minimal medial subluxation. There was moderate subacromial/subdeltoid bursal fluid accumulation with small non-retracted full thickness tear of the distal supraspinatus tendon. There were significant hypertrophic changes about the acromion which was status post acromioplasty. There were moderate hypertrophic changes of the acromioclavicular joint causing underlying anatomic impingement. Records documented long-term conservative treatment to the right shoulder had included corticosteroid injections, formal physical therapy, home exercise, activity modification, and medications. Prior orthopedic surgery consults on 11/26/14 and 3/20/15 recommended total shoulder replacement surgery. Records documented the use of methadone in combination with Norco for pain since at least October 2011 with brief withdrawal at the end of 2014 resulting in significant increase in pain and decreased function. Records documented resumption of methadone and Norco for pain on 1/15/15 as he was unable

to function without these medications and they provided 50% improvement in pain and activities of daily living function. The 9/21/15 treating physician report cited worsening back pain radiating to his right hip and leg, on-going left knee pain and pain below the amputation site, and worsening right shoulder pain. The injured worker reported that he could not perform his activities of daily living without pain medications which provided a 50% reduction in pain and improvement in function. Lumbar spine exam documented restricted and painful range of motion, absent right Achilles reflex, 4/5 right thigh flexion and knee extension weakness, and diminished sensation over the right lateral calf. There was exquisite pain over the hip joint with passive flexion and external rotation and crepitus with passive circumduction. Right shoulder exam documented very limited range of motion in all planes with abduction 60, forward flexion 60, extension 30, and internal/external rotation 30 degrees. He had positive impingement signs and crepitus with passive circumduction. Right knee exam documented full range of motion, laxity consistent with knee replacement, and mild swelling. The diagnosis included L5/S1 disc herniation with right S1 nerve root impingement, right lower extremity neurologic pain, left lower extremity phantom pain, right shoulder degenerative joint disease, and right hip pain status post total hip arthroplasty. The treatment plan included home exercise and medication. The injured worker was noted under a narcotic contract with appropriate drug screens. The injured worker had previously been recommended for total shoulder replacement but had wished to delay this surgery. He was now ready to proceed and was scheduled to see the orthopedic surgeon. Authorization was requested for total right shoulder replacement and Methadone 10 mg #120. The 10/2/15 utilization review non-certified the request for right total shoulder replacement as there was no documentation that the injured worker had tried and failed at least 6 months of recent conservative treatment for the shoulder. The request for Methadone 10 mg #120 was non-certified based on previous documentation of a failed adequate response with this medication and completion of weaning in August 2014. The re-introduction or continuation of this medication was not warranted and should be given with caution in the setting of chronic obstructive pulmonary disease. The 10/5/15 orthopedic surgeon report documented persistent right upper extremity pain. Right shoulder exam documented mild atrophy along the supraspinatus region. Range of motion was documented as forward flexion 110, scapular abduction 70, and external rotation 20 degrees with internal rotation to the belt line. Imaging showed severe glenohumeral arthritis with some mild superior migration of the head itself and a full thickness tear of the supraspinatus tendon without evidence of retraction. A shoulder replacement, likely a reverse arthroplasty, was recommended. The 10/19/15 treating physician report indicated that the injured worker had on-going intractable back, right leg and hip, and right shoulder pain. The orthopedist had recommended total shoulder replacement and this had been previously authorized. He had a history of right shoulder tendinopathy with adhesive capsulitis and degenerative joint disease. The injured worker reported that he was unable to function without pain medications. Pain reduced from 8-10/10 to grade 4/10 with medications and there was a corresponding 50% functional improvement in activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total right shoulder replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter: Arthroplasty (Shoulder). 2015.

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

Decision rationale: The California MTUS does not provide recommendations for this procedure. The Official Disability Guidelines recommend arthroplasty for selected patients. Surgical indications include glenohumeral or acromioclavicular joint osteoarthritis with severe pain preventing a good night's sleep or functional disability that interferes with activities of daily living or work, positive radiographic findings of shoulder joint degeneration, and failure of at least 6 months of conservative treatment. Guideline criteria have been met. This injured worker presents with intractable right shoulder pain with functional difficulty in activities of daily living. Clinical exam findings are consistent with imaging evidence of severe glenohumeral arthritic changes with some mild superior migration of the humeral head. Evidence of at least 6 months of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Methadone 10mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

Decision rationale: The California MTUS guidelines recommend Methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. Guidelines recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day (MED), and for patients taking more than one opioid, the MED of the different opioids must be added together to determine the cumulative dose. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. This injured worker has been managed on 40 mg of methadone daily since at least 2011, with an apparent withdrawal of this medication in late 2015 resulting in a significant increase in pain. Records document uninterrupted use since 1/8/15 with a reported 50% reduction in pain and improvement in activities of daily living function. Although this dosage of medication markedly exceeds the daily morphine equivalent dose and consideration of weaning is indicated, abrupt discontinuation would not be medically appropriate. Therefore, this request is medically necessary.