

Case Number:	CM15-0023999		
Date Assigned:	02/13/2015	Date of Injury:	06/01/2007
Decision Date:	04/07/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male who reported injury on 06/01/2007. The mechanism of injury was not provided. The injured worker was noted to be status post open rotator cuff repair and decompression on 01/31/2014. Prior therapy included physical therapy. The documentation of 01/09/2015 revealed the injured worker had intractable pain, and the request was made for Norco 10/325 1 by mouth 3 times a day #180 to last for 6 weeks for intractable pain; and Xanax 0.5 mg 1 by mouth daily #30; and an MRI of the left shoulder. The physical examination of the left shoulder revealed decreased abduction with pain, external rotation with pain, and positive trigger point bilateral trapezius; bilateral cervical paravertebral; and positive occipital tenderness bilaterally. The documentation of 02/06/2015 revealed the injured worker had bilateral shoulder pain and increasing neck pain with physical therapy. The injured worker had tingling in the left hand intermittently, but it was noted to be getting worse. The examination of the right shoulder revealed open decompression incision that was well healed. The injured worker had decreased range of motion in the bilateral shoulders with pain. Right shoulder with decreased abduction to 80 degrees with pain. The injured worker had decreased flexion, extension, and rotation with pain. The left shoulder examination revealed decreased abduction with pain and external rotation with pain. The injured worker had positive trigger points bilaterally in the trapezius and had bilateral cervical paravertebral and positive occipital tenderness bilaterally. The injured worker had bilateral shoulder tenderness anteriorly. The diagnoses included status post open rotator cuff repair and decompression, 01/31/2014; DJD right shoulder; bilateral shoulder impingement; rotator cuff tear, per MRI right side; subacromial bursitis; and myofascial pain.

The treatment plan included Norco 5/325 1 by mouth every 6 hours #120 and Anaprox 1 twice a day #60, as well as MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines; Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review failed to provide documentation of specific care directed at the left shoulder. Given the above, the request for MRI of the left shoulder is not medically necessary.

Norco 10/325mg no refills QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California Medical Treatment Utilization Schedule recommends opiates for the treatment of chronic pain. There should be documentation of objective functional improvement; an objective decrease in pain; and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg, no refills, quantity 120, is not medically necessary.

Xanax .5mg no refills QTY:30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide documentation to support a necessity for the Xanax. The rationale for use of the medication was not provided for review. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax 0.5 mg, no refills, quantity 30, is not medically necessary.