

Case Number:	CM15-0213255		
Date Assigned:	11/03/2015	Date of Injury:	09/04/2003
Decision Date:	12/21/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/29/2015

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: 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 56 year old female who sustained an industrial injury September 4, 2003. Past history included status post right shoulder arthroscopy mid 2000's and 2007, status post right shoulder revision arthroscopy March 25, 2015, and hypertension. According to a primary treating physician's progress report dated September 17, 2015, the injured worker presented feeling better, however she is worried about continued burning pain and twitching in the right shoulder. She had completed 24 of 24 post-operative physical therapy treatments. Objective findings included; right shoulder-well healed surgical scar x 3 consistent with surgery; tenderness to palpation over the acromioclavicular joint, subacromial region, supraspinatus tendon and deltoid muscle; range of motion flexion 112 degrees, extension 42 degrees, abduction 112 degrees, adduction 45 degrees, internal rotation 74 degrees and external rotation 20 degrees. Diagnoses are status post right shoulder revision arthroscopy with partial supraspinatus tendon tears, severe acromioclavicular osteoarthritis and type I SLAP tear; right elbow medial epicondylitis-dynamic cubital tunnel syndrome with electrodiagnostic studies 2014; left shoulder-left wrist not re-evaluated with negative ultrasound study August 2014, with prior arthroscopy; stress, anxiety and depression due to chronic pain gastrointestinal problem due to stress and anti-inflammatory medication, deferred to internal medicine. At issue, is a request for authorization, dated September 17, 2015, for an MRA of the right shoulder, Norco, and Zanaflex (both medications since at least June 11, 2015). A toxicology report dated September 17, 2015, is present in the medical record. According to utilization review dated September 30, 2015, the requests for (1) quantitative urine drug screen and a right shoulder

rehab chair were certified. The request for Norco 10-325mg #60 was modified to Norco 10-325mg #50. The requests for MR arthrogram of the right shoulder and Zanaflex 2mg #120 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA (magnetic resonance arthrogrm) of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic) Chapter under MR Arthrogram.

Decision rationale: The patient was injured on 09/14/03 and presents with right shoulder pain. The request is for a MRA (Magnetic Resonance Arthrogram) of the right shoulder. The RFA is dated 09/17/15 and the patient's current work status is not provided. The patient had a prior MR arthrogram of the right shoulder on 06/19/12. ODG guidelines, Shoulder (acute & chronic) Chapter under MR Arthrogram states: "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Guidelines also state that if there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended. The patient is diagnosed with status post right shoulder revision arthroscopy with partial supraspinatus tendon tears, severe acromioclavicular osteoarthritis and type I SLAP tear; right elbow medial epicondylitis-dynamic cubital tunnel syndrome with electrodiagnostic studies 2014; left shoulder-left wrist not re-evaluated with negative ultrasound study August 2014, with prior arthroscopy; stress, anxiety and depression due to chronic pain gastrointestinal problem due to stress and anti-inflammatory medication, deferred to internal medicine. The patient had a prior MR arthrogram of the right shoulder on 06/19/12 which revealed a slight impingement of the supraspinatus tendon by acromioclavicular joint and associated slight increased signal medially within tendon suggesting tendinosis. There is no evidence of any progressive neurologic deficit to warrant an updated MR of the shoulder. Therefore, the requested MRA is not medically necessary.

Norco 10/325mg, #60: Upheld

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

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

Decision rationale: The patient was injured on 09/14/03 and presents with right shoulder pain. The request is for Norco 10/325 MG, #60. The RFA is dated 09/17/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 06/11/15 and treatment reports are provided from at least 03/05/15 to 09/17/15. MTUS, CRITERIA FOR USE

OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The 09/17/15 treatment report states that the patient has right shoulder pain, burning, twitching, and lack of motion. The patient is better able to do housework, bathe, self-care, cook, do dishes, dress, and do laundry. The patient had a urine drug screen on 09/17/15 and was tested positive for Hydrocodone and Hydromorphone. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary.

Zanaflex 2mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient was injured on 09/14/03 and presents with right shoulder pain. The request is for Zanaflex 2 mg, #120. The RFA is dated 09/17/15 and the patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, page 66: "Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The patient is diagnosed with status post right shoulder revision arthroscopy with partial supraspinatus tendon tears, severe acromioclavicular osteoarthritis and type I SLAP tear; right

elbow medial epicondylitis-dynamic cubital tunnel syndrome with electrodiagnostic studies 2014; left shoulder-left wrist not re-evaluated with negative ultrasound study August 2014, with prior arthroscopy; stress, anxiety and depression due to chronic pain gastrointestinal problem due to stress and anti-inflammatory medication, deferred to internal medicine. In this case, the provider does not document or discuss how this medication impacted the patient's pain and function as required by MTUS Guidelines page 60. Therefore, the request is not medically necessary.