

<b>Case Number:</b>	CM15-0231671		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Expedited	<b>Application Received:</b>	11/24/2015

### 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, Indiana, Oregon  
 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 is a 26 year old male with complaints of pain in the neck and shoulder pain. On the office visit 9/3/2015 he was complaining of pain radiating to the fingers. He has not had any procedures done to alleviate his pain. Shoulder ROM is slightly diminished and impingement signs are positive. There is weakness in abduction bilaterally. Biceps reflex is diminished on the L and brachioradialis is diminished bilaterally. MRI of the lumbar spine and elbows are provided for review. No imaging of the neck, shoulder or knee is provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, pages 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In this case, no imaging is provided for review demonstrating a surgical lesion. The request is not medical necessary.

**Cervical spine fusion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. Although radicular pain and reflex changes are documented, there is no imaging study demonstrating correlating surgical pathoanatomy. The request is not medically necessary.

**Diclofenac 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that diclofenac is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of diclofenac is not warranted, as there is no demonstration of functional improvement and the injury is no longer acute. Therefore the request is not medically necessary.

**Cialis 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Cialis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gaines, Kaye K. "Tadalafil (Cialis®) and Vard enafil (Levitra®) Recently Approved Drugs For Erectile Dysfunction." Urologic nursing 24.1 (2004).

**Decision rationale:** CAMTUS/ACOEM is silent on Cialis. ODG is silent as well. Cialis is used to treat erectile dysfunction. There is no indication in the records that erectile dysfunction is intended to be treated. There is no prior response to any pharmacologic treatments. The request is not medically necessary.

**Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore the request is not medically necessary.