

Case Number:	CM15-0060481		
Date Assigned:	04/06/2015	Date of Injury:	09/04/2014
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female patient who sustained an industrial injury on 09/04/2014. Prior diagnostic testing to include magnetic resonance imaging, and electro diagnostic nerve conduction study. A primary treating office visit dated 01/05/2015 reported the patient on modified work duty beginning 01/06/2015. Further treatment is required and she will continue with physical therapy. She is diagnosed with right trapezius strain resolving. Her chief complaint is right shoulder pain and right sided neck pain. Of note, documentation showed the patient's pain level improving and she is seeing physical therapy on her own, but would like to try chiropractic therapy, although it's denied. Medication history is to include Baclofen, Hydrocodone/APAP 10/325mg, Celebrex, Naprosyn, Ibuprophen and Tylenol. The plan of care noted the patient is to continue with physical therapy. It is ok to seek chiropractic care on her own. There was note of a medication change of Hydrocodone/APAP 10/325mg one every 12 hours as needed #60. Follow up in one month. A follow up visit dated 11/02/2014 reported the shoulder pain worsening. She has completed a course of physical therapy without any improvement. The plan of care involved continuing with current medications to include Celebrex, Baclofen, Hydrocodone/APAP 5/325mg, one every 6 hours as needed, #120. She is referred to a chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation regarding the right shoulder, right trapezius: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA DWC MTUS ACOEM 2004 OMPG, Cornerstones of Disability Prevention and Management ch 5. page 92 - Independent Medical Examinations and Consultations ch 7, page 209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for right neck and shoulder pain. In January 2015, she had improved significantly and Norco was decreased. Electro diagnostic testing has been negative. When seen on 03/02/15, she was having worsening shoulder pain. There had been no improvement with physical therapy or medications. An MRI of the shoulder had shown tendinitis and possible impingement. There was no examination of the cervical spine. There was shoulder and trapezius muscle tenderness with decreased shoulder strength. Norco was refilled at a total MED (morphine equivalent dose) of 20 mg per day. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has right shoulder pain despite medications and physical therapy and may be a candidate for a shoulder injection or other management. Therefore, the requested orthopedic consultation is medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back chapter-Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for right neck and shoulder pain. In January 2015 she had improved significantly and Norco was decreased. Electro diagnostic testing has been negative. When seen on 03/02/15, she was having worsening shoulder pain. There had been no improvement with physical therapy or medications. An MRI of the shoulder had shown tendinitis and possible impingement. There was no examination of the cervical spine. There was shoulder and trapezius muscle tenderness with decreased shoulder strength. Norco was refilled at a total MED (morphine equivalent dose) of 20 mg per day. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red

flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.

Hydrocodone/acetaminophen 10-325mg 1 every 12 hours as needed #60 prescribed 3-2-15:
Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, When to continue/discontinue Opioids Page(s): 115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for right neck and shoulder pain. In January 2015, she had improved significantly and Norco was decreased. Electro diagnostic testing has been negative. When seen on 03/02/15, she was having worsening shoulder pain. There had been no improvement with physical therapy or medications. An MRI of the shoulder had shown tendinitis and possible impingement. There was no examination of the cervical spine. There was shoulder and trapezius muscle tenderness with decreased shoulder strength. Norco was refilled at a total MED (morphine equivalent dose) of 20 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. The total MED is less than 120 mg per day which is within guideline recommendations and was recently decreased. Therefore, the continued prescribing of Norco was medically necessary.