MAXIMUS Federal Services

Case Number:	CM15-0085924		
Date Assigned:	05/08/2015	Date of Injury:	06/27/2002
Decision Date:	06/29/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/05/2015

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, 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 56 year old male, who sustained an industrial injury on 06/27/2002. The initial complaints or symptoms included pain to the left wrist, elbow and shoulder pain and left foot pain after falling from a ladder. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, conservative therapies, left wrist surgery, and left shoulder surgery. Currently, the injured worker complains of constant neck pain radiating to the right upper extremity (rated 5/10 in severity) and associated with numbness and tingling; constant low back pain (rated 4-5/10 in severity) radiating to the bilateral lower extremities with numbness and tingling; constant left shoulder pain (rated 5/10 in severity); constant left wrist pain (rated 5-6/10 in severity) with numbness and tingling in the hand; and constant left knee pain (rated 5/10 in severity). The injured worker denied any side effects of medications or gastrointestinal symptoms. Objective findings included a clean, dry and intact surgical scar to the left shoulder, restricted range of motion in the left shoulder, and tenderness to palpation along the trapezius muscles bilaterally with palpable spasms. It was noted that the injured worker had been treated with Zanaflex for several months and continued to exhibit muscle spasms. The diagnoses include cervical radiculopathy, lumbar radiculopathy, lumbar facet syndrome, status post left shoulder surgery (01/13/2014), rule out left wrist TFCC tear, status post left wrist surgery, left knee chondromalacia patella, and left medial meniscus tear. The request for authorization included one orthopedic second opinion for the left shoulder, a MRI arthrogram of the left shoulder, and medications consisting of omeprazole and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic second opinion for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for orthopedic second opinion, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician has not identified any uncertain or extremely complex diagnoses or any concurrent psychosocial factors. The patient has a history of shoulder surgery and current findings of limited ROM and tenderness with no positive impingement testing or other findings. There is no clear rationale presented identifying the necessity of a second opinion rather than follow-up with the prior orthopedic provider. In the absence of such documentation, the currently requested orthopedic second opinion is not medically necessary.

1 Prescription Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

1 Prescription of Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex), is not medically necessary.

1 MRI arthrogram of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Shoulder Chapter, MR arthrogram.

Decision rationale: Regarding the request for MR arthrogram, CA MTUS does not specifically address the issue. ODG notes that they are recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. Within the documentation available for review, the patient has a recent MRI and there is no indication of current symptoms/findings suggestive of a labral tear or a re-tear of the rotator cuff repair. Additionally, there is no statement identifying the suspicion of either condition or another clear rationale for the study. In light of the above issues, the currently requested MR arthrogram is not medically necessary.