MAXIMUS Federal Services

Case Number:	CM14-0122739		
Date Assigned:	09/05/2014	Date of Injury:	10/13/2011
Decision Date:	10/20/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in General Surgery; has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old male injured on October 13, 2011 due to falling from a ladder. The most recent clinical note, dated August 12, 2014, indicate the injured worker complains of neck, upper back, and bilateral shoulder pain. The injured worker was also involved in a motor vehicle accident in 2012 and sustained injuries to the left side of the body. Left shoulder pain is constant, 7-9 out 10 on the visual analog scale (VAS), with numbness throughout entire arm. Right shoulder pain, 5-6 out of 10 on the VAS. The injured worker is participating in a home exercise program. MRI of the left shoulder dated December 14, 2011, revealed full thickness tear of the supraspinatus tendon with retraction. MRI of the left shoulder on September 8, 2012, revealed cuff defect from re-tear and retraction of central fibers of the supraspinatus. Electrodiagnostic studies (EMG/NCV) of the left upper extremity, on January 12, 2012, showed mild carpal tunnel syndrome in the left hand. Left shoulder range of motion: flexion, 90 degrees; extension, 30 degrees; abduction, 90 degrees; adduction 30 degrees; external rotation, 30 degrees; internal rotation, 30 degrees. Diffuse tenderness was noted to the left shoulder during physical exam. Diagnoses include status post left shoulder surgery, times two, multilevel cervical degenerative disc disease, chronic neck pain, cervical radiculitis, mild left carpal tunnel syndrome, and left hemiparesis. The injured worker was unable to recall medications taken at the time of exam. The injured worker suffered a stroke in February 2014. Progress note dated, June 26, 2014, note medications include Norco 10/325, Ranitidine, and Colace. The previous utilization review , dated July 15, 2014, denied request for general surgery consult left shoulder, soft tissue mass, Lidocaine ointment 5%, and trazodone 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Surgery Consult Left Shoulder, Soft Tissue Mass: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page(s) 127

Decision rationale: The documentation provided does not support the medical necessity of the request for General Surgery Consult. The claimant is noted to have developed a soft tissue mass. The mass is not well characterized. It is not clear how long the mass has been present and whether this constitutes a red flag event. It is not clear how the mass contributes to impairment if any. Therefore the request remains not medically necessary.

Lidocaine Ointment 5% no Quantity provided: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidocaine, Topical Analgesics

Decision rationale: CAMTUS and ODG hold that lidocaine is reasonable as an analgesic for neuropathic pain. The documentation presented does not constitute peripheral neuropathic pain. Therefore the request for lidocaine is not medically necessary and is not recommended.

Trazodone 50 mg (no Quantity provided): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment

Decision rationale: The documentation is inadequate to support the medical necessity of prescription of trazodone in treating Insomnia. There is no discussion as to the etiology of the insomnia. Nor is there any sleep hygiene history. Are there problems with wakefulness Poor sleep habits, Poor initiation of sleep, Is the insomnia primary insomnia or secondary to other conditions or disease. Without discerning the causes of sleep disturbance, it is not clear why a sedating antidepressant, trazodone, was chosen. Furthermore the request is forwarded without

any definite prescriptive time line (i.e. duration of use), which seems to imply that it has been prescribed for indefinite, chronic use. Therefore the request for trazodone is not medically necessary.