

Case Number:	CM14-0144801		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2012
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

This is a 32-year-old male with a 3/7/12 injury date. A specific mechanism of injury was not provided, however, there was a gradual development of the various injuries during the course of his employment. In a follow-up on 5/7/12, there were continued complaints of neck pain, mid-back pain, low back pain, and bilateral shoulder pain worse on the right, ranging in intensity from 6-8/10. Physical exam of the shoulders revealed decreased forward flexion and abduction. An EMG of the right upper extremity on 8/22/14 was normal. A right shoulder MRI on 4/10/12 showed tendinosis of the rotator cuff and moderately severe impingement syndrome. A left shoulder MRI on the same date had similar findings. Diagnostic impression: bilateral shoulder impingement, cervical sprain/strain, lumbar disc protrusion. Treatment to date: medications (including Tramadol and Tylenol #3 w/ Codeine), physical therapy, left shoulder extracorporeal shock wave treatment. A UR decision on 8/18/14 denied the request for retrospective (5/7/12) ortho and pain management consult on the basis that subjective and objective findings were not suggestive of a condition that warranted those referrals. With respect to the ortho consult, the patient did not have significant objective right shoulder findings. With respect to the pain management consult, the patient had sought initial treatment and begun conservative care only 2 months prior, so there was not yet any indication that the patient had failed conservative care. The request for retrospective (5/8/12) prescription of Acetaminophen-Codeine #3 300/30 mg #60 was denied on the basis that there was no documentation that prior opiate treatment was effective or providing pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ortho and Pain Management Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 180, 211, 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation MTUS CA MTUS 2009: Clinical Topics: ACOEM Chapter 6- Independent Medical Examinations and Consultations, (pgs. 127, 156). Official Disability Guidelines (ODG): Pain Chapter

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists 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. CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (Acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. In the present case, there was not enough clinical evidence by 5/7/12 that there was a need for orthopedic consultation. The patient's conservative treatment with medication and physical therapy had just begun. There was no objective clinical evidence to suggest the patient had anything more than impingement in his shoulders or anything more than lumbar strain in his lower back. With respect to pain management referral, ODG states that such referral should be considered when pain persists but underlying tissue pathology is minimal or absent, and correlation between the original injury and the severity of impairment is unclear. Consultation should also be considered if pain and suffering behaviors are present and the patient continues to request medication, or when standard treatment measures have failed or are not indicated. In the present case, by 5/7/12, the patient was participating in physical therapy and taking medication, and it did not yet appear that the patient had failed to respond to conservative care. Referral for pain management is not indicated because the patient had sought treatment for his complaints only two months prior. Therefore, the request for retrospective Ortho and Pain Management Consult completed 5/7/12 is not medically necessary.

Retrospective prescription of Acetaminophen-Cod #3 300-30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as

directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, there was no rationale for concurrent prescriptions for Tylenol #3 w/ codeine and tramadol. There was no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non - medically necessary here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Retrospective prescription of Acetaminophen-Cod #3 300-30mg #60 dated 5/8/12 is not medically necessary.