

Case Number:	CM14-0145476		
Date Assigned:	09/12/2014	Date of Injury:	10/24/2013
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
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 and 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:

The injured worker is a 52-year-old female who reported an injury on 10/24/2013 due to a slip and fall. Diagnoses were left shoulder strain, left shoulder impingement, rule out cervical radiculopathy. Past treatments were medications, home exercise program, and physical therapy. Diagnostic studies were MRI of the left shoulder that revealed tendinosis without full thickness tear. Physical examination on 08/15/2014 revealed persistent pain in the left shoulder and neck/mid back. Pain was rated a 6/10 with medications and 9/10 without. The injured worker continued with her home exercise program. It was reported that medications help. Examination revealed normal reflex, sensory and power testing to bilateral upper and lower extremities except for mild weakness and numbness on the left at C6. There was positive cervical and left shoulder tenderness and spasms. Cervical spine range of motion decreased about 20%. Negative Spurling's sign. Babinski's are downward bilaterally; left shoulder tender to palpation, and decreased range of motion. Treatment plan was for MRI/x-rays of the cervical spine, refill medications, and continue home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Oral Corticosteroids

Decision rationale: The request for Medrol Dosepak is not medically necessary. The Official Disability Guidelines state oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systematic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. They are sometimes recommended in limited circumstances for acute radicular pain. Multiple severe adverse defects have been associated with systemic steroid use, and this is more likely to occur after long term use. Methylprednisolone tablets are not approved for pain. The medical guidelines do not support the use of Medrol Dosepak. The rationale for using the Medrol Dosepak was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

MRI - Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 207-209.

Decision rationale: The request for MRI - Left Shoulder is not medically necessary. Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination arises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. The primary criteria for ordering imaging studies are emergence of a red flag (e.g. indicates of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g. cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive surgery (e.g. a full thickness rotator cuff tear not responding to conservative treatment). It was not reported that the injured worker had physical therapy for the left shoulder, which had failed. There was not an emergence of a red flag sign or symptom from the injured worker upon examination. The clinical information submitted for review does not provide evidence to justify an MRI of the left shoulder. Therefore, this request is not medically necessary.

Hydrocodone 5/325mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Hydrocodone 5/325mg (unspecified quantity) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The 4 A's of ongoing management for an opioid medication were not reported. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.