

Case Number:	CM14-0215628		
Date Assigned:	01/05/2015	Date of Injury:	06/09/2008
Decision Date:	03/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 9, 2008. In a Utilization Review Report dated December 16, 2014, the claims administrator failed to approve requests for MRI imaging of the shoulder, Norco, and tizanidine. The claims administrator seemingly stated its decision was based on a November 26, 2014 progress note and/or associated RFA form. On June 9, 2014, the applicant reported ongoing complaints of neck, shoulder, and low back pain. The applicant had superimposed issues with non-industrial peripheral neuropathy. The applicant was status post an open reduction and internal fixation of the right wrist. The applicant also had issues with carpal tunnel syndrome. The applicant had right shoulder MRI imaging of July 17, 2012 demonstrating intact rotator cuff and labrum with mild-to-moderate supraspinatus and infraspinatus tendinopathy. The applicant was using Norco at a rate of six tablets a day. Ultimately, Norco, Motrin, tizanidine, and gabapentin were renewed, as were permanent restrictions. It did not appear that the applicant was working with previously imposed permanent limitations, although this was not explicitly stated. In a later note dated July 17, 2014, the applicant was again described as reporting 9-10/10 pain. The applicant stated that she was able to do some household chores for about 30-40 minutes with medications. Norco, Motrin, and an updated electrodiagnostic testing were sought. On October 30, 2014, the applicant reported persistent complaints of pain, highly variable, 4-10/10. The applicant was using Norco, Motrin, Neurontin, Zanaflex, triamterene, Effexor, Lidoderm, and Pennsaid. The applicant was given diagnoses of carpal tunnel syndrome, neck pain, shoulder pain, wrist pain,

low back pain, and peripheral neuropathy. Norco, Motrin, tizanidine, and Neurontin were renewed. Electrodiagnostic testing and additional occupational therapy were again sought. On November 26, 2014, the attending provider stated that the applicant was in moderate discomfort insofar as the shoulder was concerned owing to focal tender points appreciated about the same. Multiple medications were renewed. Trigger point injections were performed. The applicant was asked to pursue a right shoulder MRI. The applicant did not appear to be working with previously imposed permanent limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for right shoulder MRI imaging was not medically necessary, medically appropriate, or indicated here: As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging or arthrography without surgical indications is deemed not recommended. Here, the attending provider has seemingly sought authorization for multiple diagnostics studies, including electrodiagnostic testing of the upper extremities and shoulder MRI imaging, with no clearly formed intention of acting on the results of the same. The requesting provider was a physiatrist, it is further noted, not a shoulder surgeon, diminishing the likelihood of the applicant acting on the results of the proposed shoulder MRI and/or consider any kind of surgical intervention based on the outcome of the same. The requesting provider, it is further noted, did not make any explicit statement that the applicant was considering any kind of surgical intervention involving the shoulder; it is further noted, based on the outcome of the study in question. The provided documentation, furthermore, suggested that the operating diagnosis here was that of myofascial shoulder pain, a condition for which the applicant would not be reasonably or plausibly expected to seek surgical intervention. Therefore, the request was not medically necessary.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is seemingly off of work. Permanent

work restrictions remain in place, seemingly unchanged, from visit to visit. While the attending provider did recount some reduction in pain scores on the November 26, 2014 progress note at issue, the attending provider failed to outline any corresponding improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Zanaflex (tizanidine) was likewise not medically necessary, medically appropriate, or indicated here: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider state that the applicant medications were somewhat beneficial, the attending provider, however, failed to outline any corresponding improvements in function achieved as a result of ongoing tizanidine usage. The applicant remained off of work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.