

Case Number:	CM14-0218211		
Date Assigned:	01/07/2015	Date of Injury:	06/27/2002
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, with a reported date of injury of 06/27/2002. The results of the injury were neck pain, and left shoulder pain. The current diagnoses include cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, lumbar facet syndrome, status post left shoulder surgery, status post left wrist surgery, and left knee chondromalacia patella. The past diagnoses include neck sprain, cervical disc protrusion, brachial neuritis or radiculitis, lumbar disc protrusion, lumbar radiculopathy, lumbar facet syndrome, left shoulder internal derangement, left shoulder osteoarthritis, status post left shoulder surgery, status post left wrist surgery, and insomnia. Treatments have included Norco 7.5/325mg #120; MRI of the left shoulder on 11/04/2014, which showed a diminutive and torn glenoid labrum, interstitial partial thickness tearing of the subscapularis tendon, supraspinatus and infraspinatus tendinosis, and glenohumeral chondromalacia and osteoarthritis with subchondral cysts; Synovacin; and physical therapy for the left shoulder. The physical therapy reports were not included in the medical records provided for review. The medical record from which the request originates was not included. The progress report (PR-2) dated 10/28/2014 indicates that the injured worker complained of constant neck pain radiating to the left upper extremity, which was rated 5 out of 10; constant low back pain radiating to the left lower extremity, which was rated 5-6 out of 10; constant left shoulder pain, which was rated 4-5 out of 10; constant left wrist/hand pain, with numbness and tingling, which was rated 6 out of 10; and constant left knee pain, which was rated 4 out of 10. The pain level without medication was 8 out of 10, and decreased to 3-4 out of 10 with the use of medication. The physical examination of the left shoulder showed flexion at 125

degrees, extension at 30 degrees, abduction at 120 degrees, adduction at 30 degrees, internal rotation at 60 degrees, and external rotation at 60 degrees; tenderness to palpation along the acromioclavicular joint over the left shoulder; and tenderness to palpation along the trapezius muscles with palpable spasms over the left shoulder. The injured worker remained temporarily totally disabled. On 12/18/2014, Utilization Review (UR) denied the request for an MRI of the left shoulder without contrast, and modified the request for Norco 10/325mg #90. The UR physician noted that there was a lack of documentation of functional improvement, a second MRI did not appear to be needed, and the request for an MRI of the left shoulder should have been seen as a duplicate request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and extremities. The request is for NORCO 10/325MG #90. The patient is currently taking Synovacin, Omeprazole, Norco, Colace and Zanaflex. The patient has been utilizing Norco since at least 04/25/14. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater provides drug screening report. However, there are documentations which specifically discuss all 4A's --analgesia, ADLs, adverse side effects, and adverse behavior--. There are no before and after pain scales showing analgesia; specific ADL's or use of validated instruments showing significant functional improvements. No outcome measures are provided as required by MTUS. Therefore, the request for Norco IS NOT medically necessary and should be slowly tapered per MTUS.

MRI non contrast scan of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Shoulder chapter, MRI

Decision rationale: The patient presents with pain and weakness in his neck, lower back and extremities. The patient is s/p left shoulder surgery on 01/13/14. The request is for MRI NON CONTRAST SCAN OF THE LEFT SHOULDER. The patient had MRI of the left shoulder on 11/04/14, which revealed 1) diminutive and torn glenoid labrum 2) interstitial partial thickness tearing of the subscapularis tendon 3) supraspinatus and infraspinatus tendinosis 4) glenohumeral chondromalacia and osteoarthritis with subchondral cysts. MTUS does not discuss MRI's. ACOEM guidelines page 207-208 do not recommend MRI except when a red flag noted on history or examination raises 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 or there is failure to progress in a strengthening program intended to avoid surgery. ACOEM guidelines refer to acute/subacute condition. ODG guidelines, <http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>, do not support it unless there is a suspicion for internal derangement. In this case, the patient already had an MRI of left shoulder on 11/04/14 and the treater does not explain why another MRI is being requested. The examination and the patient's clinical presentation do not show suspicion for internal derangement such as rotator cuff/labral tears. Furthermore, the utilization review letter 12/18/14 indicates that the request of MRI seems a duplicate request which was certified. The request for another MRI of the left shoulder at this time IS NOT medically necessary.