MAXIMUS Federal Services

Case Number:	CM14-0085128		
Date Assigned:	07/23/2014	Date of Injury:	08/04/1989
Decision Date:	06/02/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 60 year old male who sustained an industrial injury on 8/4/1989. His diagnoses, and/or impressions, are noted to include: lumbosacral disc degeneration; lumbago; cervical and lumbar spine disorders with cervical surgery in 1989; sciatica; and shoulder joint pain. No current imaging studies are noted. His treatments have included methadone therapy - failed; non-steroidal anti-inflammatories failed; urine toxicology screening; and medication management. The progress notes of 5/8/2014 noted complaints that included worsening neck pain and left shoulder pain with decreased range-of-motion (ROM); and states without his pain medications he is mostly bed-ridden. Objective findings noted severely decreased ROM in the left shoulder with the inability to bring his left arm behind his back, (+) crepitus, and (+) tenderness. The physician's requests for treatments included magnetic resonance imaging studies of the left shoulder, and continuation of Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI left shoulder is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are shoulder joint pain; lumbago; cervical degenerative disc disease; lumbar degenerative disc disease; lumbar facet arthropathy; cervicalgia; and sciatica. A progress note dated March 13, 2014 does not contain subjective complaints of left shoulder pain or objective clinical findings on physical examination. A progress note dated April 2014 does not contain subjective complaints of left shoulder pain or objective clinical findings of shoulder pain on physical examination. A May 8, 2014 progress note subjectively states the injured worker has neck pain, low back pain and left shoulder pain with decreased range of motion. There is no documentation of an acute injury. There was no prior documentation of conservative treatment to the affected shoulder. Objectively, there is decreased range of motion especially with abduction with crepitus and tenderness. There were no plain x-rays documented in the medical record. Consequently, absent clinical documentation of acute shoulder trauma suspecting rotator cuff tear/impingement with normal plane radiographs, joint instability, MRI left shoulder is not medically necessary.

Lorazepam 2 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorazepam 2mg #30 with 2 refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are shoulder joint pain; lumbago; cervical degenerative disc disease; lumbar degenerative disc disease; lumbar facet arthropathy; cervicalgia; and sciatica. The date of injury is August 4, 1989. The earliest progress note in the medical record dated August 2, 2012 shows

the injured worker was taking lorazepam 2 mg one daily at that time. The request for authorization is dated May 19, 2014. A progress note dated May 8, 2014 subjectively shows the injured worker has continued complaints with neck pain, low back and left shoulder with decreased range of motion. Objectively, there was decreased range of motion especially with abduction with crepitus and tenderness. The injured worker was still taking lorazepam 2 mg one daily according to the progress note (May 8, 2014). The guidelines do not recommend lorazepam for long-term use (longer than two weeks). The treating provider continued Lorazepam in excess of 18 months. There was no compelling clinical documentation to support the ongoing use in excess of the recommended guidelines. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support the ongoing use of lorazepam 2 mg, Lorazepam 2mg #30 with 2 refills is not medically necessary.