MAXIMUS Federal Services

Case Number:	CM14-0094661		
Date Assigned:	07/25/2014	Date of Injury:	05/03/2013
Decision Date:	06/12/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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: Montana
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 injured worker is a 53-year-old male, with a reported date of injury of 05/03/2013. The diagnoses include neck and upper extremity pain, right shoulder impingement syndrome, and left shoulder pain. Treatment has included oral and topical medications, physical therapy, injections and left shoulder arthroscopic surgery, MRI of the left shoulder showed partial-thickness tear in the supraspinatus and infraspinatus and abnormal marrow signal in the proximal humerus.an MRI of the right shoulder on 10/28/2013 which showed tendinitis as a result of chronic impingement, bone barrow swelling, and small joint effusion. MRI of the cervical spine on 10/02/2013 showed degenerative disc changes at multiple levels, right-sided foraminal stenosis, and bilateral foraminal stenosis with broad-based disc/osteophyte. The progress report dated 05/23/2014 indicates that the injured worker continued to have neck pain and bilateral shoulder pain. The pain was currently rated 6 out of 10, and could get as high as 8 out of 10. With medication, the pain rating would come down to 4-5 out of 10. It was noted that the medications were helpful, and the only side effect the injured worker had was constipation. He was riding his bike for exercise and was doing household chores. The objective findings included abduction of the shoulders to about 160 degrees, and pain with bilateral impingement maneuvers. The plan was to see the injured worker in four months. The progress report dated 04/23/2015 indicates that the medications continued to help the injured worker. Without medications, his average pain was 7-8 out of 10, and with medication, the rating went down to 5 out of 10. He was able to do some activities of daily living. The objective findings included left shoulder flexion at 90 degrees and abduction at 90 degrees, and right shoulder range of motion was more diminished. The treating

physician requested a second opinion consultation for the shoulders and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion consultation for shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines for Independent Medical Examinations and Consultations, recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. The ACOEM guidelines note that the 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. The consultation service is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act and an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the medical records note that the injured worker's relationship with the orthopedic specialist treating the shoulder conditions had deteriorated. There is a need for orthopedic care for the bilateral shoulder conditions to determine if there is any additional recommended treatment. As such, the request for second opinion consultation for shoulders is medically necessary.

Norco 10/325mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non- opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing

use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical records indicate that the injured worker continues to use Norco for chronic pain on a long-term basis. The records do note that urine drug testing has been performed with appropriate results. The pain relief is documented at 50% which allows specific functional improvement and improved ADLs related to its use. There is a pain assessment consistent with MTUS guidelines. The records do document no side effects and no aberrant drug behaviors. With appropriate documentation for ongoing use, the request for Norco 10/325 #120 is medically necessary.