MAXIMUS Federal Services

Case Number:	CM15-0012353		
Date Assigned:	01/29/2015	Date of Injury:	01/19/2013
Decision Date:	03/23/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/21/2015

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: Indiana
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 65 year old female, who sustained an industrial injury on 1/19/2013. The current diagnoses are spondylolisthesis C3-C4 and C4-C5, cervical degenerative disc disease C3-C7, cervical stenosis C4-C7, left C6 radiculopathy versus reflex sympathetic dystrophy, arthrofibrosis of the left elbow and shoulder, left humerus fracture - status post open reduction internal fixation, and concussion. Currently, the injured worker complains of ongoing neck pain that radiates down the bilateral upper extremities, and associated with headaches. The neck pain is rated 7/10 on a subjective pain scale. Current medications are Neurontin, Norco, Restoril, Amlodipine, and Colace. Treatment to date has included medications. Per notes, a cervical epidural steroid injection was authorized. However, there is no documentation if or when the injured worker received this injection. The treating physician is requesting Norco 10/325mg #90 and CT scan of the left shoulder, which is now under review. On 1/5/2015, Utilization Review had non-certified a request for Norco 10/325mg #90 and CT scan of the left shoulder. The California MTUS Chronic Pain, ACOEM, and Official Disability Guidelines were cited.

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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Shoulder; opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco, in excess of the recommended 2-week limit. As such, the request for Norco is not medically necessary.

CT scan of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Shoulder Procedure Summary last updated 08/27/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Shoulder; CT

Decision rationale: MTUS states: "For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. " There is no evidence of red flag conditions.ODG states the following regarding CT of the shouler "Recommended as indicated below. In proximal humeral fractures (also called a broken shoulder) a CT should be performed independently of the number of fractured parts when the proximal humerus and the shoulder joint are not presented with sufficient X-ray-quality to establish a treatment plan. Conventional X-rays with AP view and a high-quality axillary view are useful for primary diagnostics of the fracture and often but not always show a clear presentation of the relevant bony structures such as both tuberosities, the glenoid and humeral head. CT with thin slices technology and additional 3 D imaging provides always a clear presentation of the fractured region. (Bahrs, 2009). Indications for imaging, Computed tomography (CT): Suspected tears of labrum; Plain x-ray, then CT; Full thickness rotator cuff tear or SLAP tear clinically obvious or suspected; Plain x-ray and ultrasound, then MRI or CT; Recurrent instability; CT arthrogram (Newberg, 2000)- In proximal humeral fractures when the proximal humerus and the shoulder joint are not presented with sufficient X-ray-quality to

establish a treatment plan. (Bahrs, 2009)"The employee does not meet any of the above criteria. Therefore, the request for CT of the left shoulder is not medically necessary.