

Case Number:	CM15-0118220		
Date Assigned:	06/26/2015	Date of Injury:	10/23/2013
Decision Date:	08/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/18/2015

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: 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 68 year old male, who sustained an industrial injury on 10/23/13. He reported left shoulder pain. The injured worker was diagnosed as having sprain/strain of shoulder and upper arm, carpal tunnel syndrome, and degeneration of cervical intervertebral disc. Treatment to date has included left shoulder arthroscopy in April 2014 and 5/7/15, physical therapy, and medication. Physical examination findings on 6/4/15 included cervical pain with lateral tilt and right shoulder full range of motion. The injured worker had been taking Norco since at least 12/11/14 and Temazepam since at least 6/4/15. Currently, the injured worker complains of shoulder pain with swelling in the left hand. The treating physician requested authorization for physical therapy x12 for the right shoulder, a MRI of the cervical spine, Norco 10/325mg #60, and Temazepam 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient is status post left shoulder arthroscopy on 05/07/15 and complains of continued pain with swelling in the left hand. He reports an increase in his right shoulder from compensating. The current request is for Physical therapy right shoulder 12 sessions. The RFA is dated 06/08/15. Treatment to date has included left shoulder arthroscopy in April 2014 and 5/7/15, physical therapy, and medication. The patient's work status was not addressed. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 06/04/15, the patient presents with post operative left shoulder pain, swelling in the left hand and a burning sensation in the left arm. The patient reports that his right arm has been hurting him significantly more following surgery since he is unable to use his left arm. He is requesting physical therapy for his right shoulder. This patient has completed post-operative therapy following the left shoulder surgery. There is no indication of physical therapy for this right shoulder compensatory pain. Given such, a course of 9-10 sessions would be warranted. The current request for 12 sessions exceeds what is recommended by MTUS. This request is not medically necessary.

Cervical spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Magnetic resonance imaging.

Decision rationale: This patient is status post left shoulder arthroscopy on 05/07/15 and complains of continued pain with swelling in the left hand. He reports an increase in his right shoulder from compensating. The current request is for cervical spine MRI. The RFA is dated 06/08/15. Treatment to date has included left shoulder arthroscopy in April 2014 and 5/7/15, physical therapy, and medication. The patient's work status was not addressed. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck

pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. According to progress report 06/04/15, the patient presents with post-operative in the left shoulder, swelling in the left hand and a burning sensation in the left arm. The patient reports that his right arm has been hurting him significantly more following surgery since he is unable to use his left arm. There were no subjective complaints of the cervical spine noted. Examination of the neck on this date revealed supple, full range of motion, no spine tenderness noted but with pain as noted with lateral tilt bilaterally. Recommendation was for an MRI of the cervical spine. Physical examination on 04/23/15 and 03/16/15 also noted supple, full range of motion, negative Spurling's. In this case, there are no signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. The request is not medically necessary.

Norco 10-325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89, 80-81.

Decision rationale: This patient is status post left shoulder arthroscopy on 05/07/15 and complains of continued pain with swelling in the left hand. He reports an increase in his right shoulder from compensating. The current request is for Norco 10-325 mg #60. The RFA is dated 06/08/15. Treatment to date has included left shoulder arthroscopy in April 2014 and 5/7/15, physical therapy, and medication. The patient's work status was not addressed. MTUS Guidelines pages 88 and 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 4As (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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." According to progress report 06/04/15, the patient presents with post-operative left shoulder pain, swelling in the left hand and a burning sensation in the left arm. The patient reports that his right arm has been hurting him significantly more following surgery since he is unable to use his left arm. Treatment plan was to refill Norco Tablet, 10-325mg, 1 tablet as needed for pain. The patient current medications include Zaleplon, Nabumetone, Amlodipine besylate, and Norco 10/325mg. Norco has been prescribed since at least 03/16/15. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional

improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. The medical file included one UDS from 05/14/15, but no other discussion regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Temazepam 15 mg #30: 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 rationale: This patient is status post left shoulder arthroscopy on 05/07/15 and complains of continued pain with swelling in the left hand. He reports an increase in his right shoulder from compensating. The current request is for Temazepam 15 mg #30. The RFA is dated 06/08/15. Treatment to date has included left shoulder arthroscopy in April 2014 and 5/7/15, physical therapy, and medication. The patient's work status was not addressed. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. According to progress report 06/04/15, the patient presents with post-operative left shoulder pain, swelling in the left hand and a burning sensation in the left arm. The patient reports that his right arm has been hurting him significantly more following surgery since he is unable to use his left arm. The treater recommended starting Temazepam to be taken at bedtime on as needed basis. In this case, the treater does not mention that this medication is to be used for short-term. This request is not medically necessary.