

Case Number:	CM15-0129858		
Date Assigned:	07/16/2015	Date of Injury:	07/26/2005
Decision Date:	09/03/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 59 year old male, who sustained an industrial injury on 7/26/05. The injured worker has complained of shoulder pain since 9/5/13 immediately following spinal surgery. The injured worker was diagnosed as having left shoulder impingement syndrome, status post repair of left distal biceps tendon rupture, left carpal tunnel syndrome, left TFCC tear, central stenosis of C1-7, right neural stenosis C2-7 and left neural stenosis C2-7, status post right shoulder surgery 2/4/15, status post C3-7 anterior cervical discectomy and fusion and status post left wrist surgery. Treatment to date has included bilateral shoulder surgery, oral medications including Norco 10/325mg, Soma 350mg and Percocet 10/325mg; post-operative physical therapy and activity restrictions. Currently on 6/1/15, the injured worker complains of continued neck pain with radiation down left upper extremity rated 9/10 without medications and 6/10 with medications, continued pain in right shoulder which is post-operative in nature rated 10/10 without medications and 7/10 with medications and lower back pain rated 10/10 without medications and 7/10 with medications and on 5/27/15 the neck pain was noted to be 6/10 with medications and low back pain 7/10 with medications. He is temporarily totally disabled. Physical exam performed on 6/1/25 noted decreased range of motion of right shoulder with healed portals of right and left shoulder. The treatment plan included request for authorization for updated x-rays of the cervical, thoracic and lumbar spine; prescription for Norco 10/325mg and continuation of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 13th edition (web) 2015 Low Back chapter, X-ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, x-rays.

Decision rationale: CA MTUS guidelines do not address thoracic spine x-rays. The ODG does not recommend x-rays of in absence of red flags for serious spinal pathology, even if the pain persists for greater than 6 weeks. Thoracic spine x-rays are recommended for pain, tenderness, severe trauma, a neurological deficit, sudden onset of myelopathy, myelopathy of infectious disease patient and post-surgical fusion for evaluation. The injured worker has mid to low back pain with radiation to lower extremities. Documentation does not include previous treatments for back pain or failed conservative treatment. Therefore, the request for an x-ray of the thoracic spine is not medically necessary.

X-ray of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 13th edition (web) 2015 Low Back chapter, X-ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, x-rays.

Decision rationale: The CA MTUS guidelines do not address lumbar spine x-rays. The ODG does not recommend x-rays of in absence of red flags for serious spinal pathology, even if the pain persists for greater than 6 weeks. Lumbar spine x-rays are recommended for pain, tenderness, trauma, a neurological deficit and post-surgical fusion for evaluation. The injured worker has mid to low back pain with radiation to lower extremities. Documentation does not include previous treatments for low back or failed conservative treatment. Therefore, the request for an x-ray of the lumbar spine is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There was no documentation of functional improvement as a result of use of Norco. Norco has been prescribed for at least six (6) months. Work status remains off work. Documentation noted pain has not improved since previous visits. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The request for Norco is not medically necessary.