

Case Number:	CM15-0175278		
Date Assigned:	09/16/2015	Date of Injury:	03/13/2012
Decision Date:	10/19/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/08/2015

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, 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 43-year-old male, who sustained an industrial injury on 3-13-12. The injured worker is undergoing treatment for partial left shoulder tear, left shoulder osteoarthopathy-superior labrum anterior and posterior (SLAP) lesion, left shoulder tendinitis, cervical stenosis, cervical myofascial pain, rule out lumbar disc injury, sacroiliac radiculopathy, headache and rule out temporomandibular joint syndrome (TMJ). Medical records dated 7-14-15 indicate the injured worker complains of neck pain rated 6 out of 10, left shoulder and low back pain rated 7 out of 10, right shoulder pain rated 5 out of 10, headaches and temporomandibular joint (TMJ) pain. He reports medication enables light household duties, grocery shopping, grooming and cooking. Physical exam dated 7-14-15 notes cervical and lumbar decreased range of motion (ROM) with tenderness to palpation, positive straight leg raise on the left, left shoulder "moderately" positive impingement and right shoulder tenderness to palpation. Treatment to date has included physical therapy, home exercise program (HEP) and medication. The original utilization review dated 8-3-15 indicates the request for physical therapy 3X4 for the left shoulder and Hydrocodone 10mg #60 is non-certified noting no extenuating circumstances noted to exceed current treatment guidelines and no specific functional improvement noted because of continued opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are partial tear supraspinatus/acromioclavicular osteoarthropathy/SLAP lesion/calcific tendinitis left shoulder; canal stenosis C4 - C5, C-5 - C6 and C6 - C7; cervical myofascial pain; S1 radiculopathy (EDS positive); and headache. The date of injury is March 13, 2012. Request for authorization is July 27, 2015 according to a progress note dated April 7, 2015, current medications include hydrocodone 10 mg, naproxen and omeprazole. The injured worker had left shoulder surgery June 2013. According to the utilization review, the injured worker had an unspecified number of physical therapy sessions. There are no physical therapy progress notes. The injured worker is engaged in a home exercise program. According to a May 1, 2015 progress note, there is an inconsistent urine drug toxicology screen. Utilization review indicates hydrocodone was modified for weaning on or about June 2015. According to a July 14th 2015 progress note, subjective complaints include left shoulder pain, low back pain and cervical pain. Medications include cyclobenzaprine, hydrocodone 10 mg, tramadol, and naproxen. There is no documentation demonstrating objective functional improvement. There is no documentation showing an attempt to wean hydrocodone. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement of prior physical therapy and no compelling medical documentation indicating additional physical therapy is warranted, physical therapy three times per week times four weeks to the left shoulder is not medically necessary.

Hydrocodone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone 10 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are partial tear supraspinatus/acromioclavicular osteoarthropathy/SLAP lesion/calcific tendinitis left shoulder; canal stenosis C4 - C5, C-5 - C6 and C6 - C7; cervical myofascial pain; S1 radiculopathy (EDS positive); and headache. The date of injury is March 13, 2012. Request for authorization is July 27, 2015 according to a progress note dated April 7, 2015, current medications include hydrocodone 10 mg, naproxen and omeprazole. The injured worker had left shoulder surgery June 2013. According to a May 1, 2015 progress note, there is an inconsistent urine drug toxicology screen. Utilization review indicates hydrocodone was modified for weaning on or about June 2015. According to a July 14 2015 progress note, subjective complaints include left shoulder pain, low back pain and cervical pain. Medications include cyclobenzaprine, hydrocodone 10 mg, tramadol, and naproxen. There is no documentation demonstrating objective functional improvement. There is no documentation showing an attempt to wean hydrocodone. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation with an inconsistent urine drug toxicology screen for cannabis and no documentation-demonstrating objective functional improvement to support ongoing hydrocodone, hydrocodone 10 mg #60 is not medically necessary.