

Case Number:	CM15-0028075		
Date Assigned:	02/20/2015	Date of Injury:	09/01/2008
Decision Date:	06/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, Florida, California

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 55-year-old male, with a reported date of injury of 09/01/2008. The diagnoses include left shoulder pain, chronic pain syndrome, chronic discogenic lumbosacral spinal pain, and lower extremity neuropathic radiculopathy. Treatments to date have included oral medications and an MRI of the left shoulder on 03/15/2013. The progress report dated 01/21/2015 indicates that the injured worker received follow-up evaluation of back pain, low back pain, lumbar complaints, and shoulder pain. The pain radiated to the right leg. He also had back stiffness and sharp pain. The severity of the pain rated 5 out of 10. It was noted that there was no evidence of drug abuse or diversion, and no abnormal behavior. The injured worker had been continuing to note substantial benefit of the medications. There was documentation that the injured worker had no side effects and no complications. The urine drug screen dated 11/25/2014 was within normal limit and there were no signs of illicit drug use, diversion, habit, and he was on the lowest effective dose with about 90% improvement in pain. The objective findings include a slight reduction in height of the left acromioclavicular joint; decreased left shoulder range of motion with pain; diffuse tenderness to palpation in the anterior and posterior joint space with positive impingement sign; and tenderness to palpation along the supraspinatus muscle. There were no objective findings documented regarding the right shoulder. It was noted that the injured worker attempted to wean the medications with increased pain, suffering, and decreased functional capacity. The treating physician requested an MRI of the right shoulder, an MRI of the left shoulder for an update due to increased weakness, and Norco 10/325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, under MRI.

Decision rationale: This 55 year old man was injured now 7 years ago. There is a slight decrease in height to the left AC joint. There were no objective findings in the right shoulder. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MRI.

Decision rationale: As shared, this 55 year old man was injured now 7 years ago. There is a slight decrease in height to the left AC joint. There were no objective findings in the right shoulder. Objective orthopedic sign progression is not evident in the notes. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This 55 year old man was injured now 7 years ago. There is a slight decrease in height to the left AC joint. There were no objective findings in the right shoulder. Objective improvements out of the medicines are not recorded in the available notes. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request is not medically necessary.