

Case Number:	CM15-0039905		
Date Assigned:	03/10/2015	Date of Injury:	07/09/2009
Decision Date:	05/29/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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: Pediatrics, 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 50-year-old female, who sustained an industrial injury on July 2, 2009. She reported bilateral shoulder pain, neck pain, chronic back pain and left leg pain. The injured worker was diagnosed as having rotator cuff syndrome of the shoulder and allied disorders, cervical pain, lumbago, chronic pain syndrome, post-laminectomy syndrome and cervical and lumbar radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the shoulder and back, cervical steroid injections, conservative treatment modalities, pain medications and work restrictions. Currently, the injured worker complains of low back and neck pain. The injured worker reported an industrial injury in 2009, resulting in chronic back and neck pain. She reported a work related motor vehicle accident. She has been treated conservatively and surgically without resolution of the pain. Evaluation on January 13, 2015, revealed some improvement in pain with therapy, ice, heat and pain medications. The treatment plan included continuing therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tablet 30mg orally 1 tablet every 4 hours #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use CRITERIA FOR USE OF OPIOIDS 4) On-Going Management Page(s): 78.

Decision rationale: Ongoing use of an opioid should include 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The medical records provided do not clearly document decreased pain, increased activities and lack of adverse reactions. This request is not medically necessary and appropriate.

Soma tablet 350mg orally 1 tablet 1-2 times a day #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: Neither carisoprodol formulation is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. This request is not medically necessary.

Xanax tablet 2mg orally 1 tablet 1-2 times a day #45: 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: Benzodiazepines, like alprazolam, are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and

muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. This request is not medically necessary and appropriate.

Lumbar epidural steroid injection at [REDACTED] with IV sedation by anesthesiologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter AMA Guides - 5th edition, radiopathy 382-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - ESI.

Decision rationale: Per ACOEM guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Additionally, as per ODG, criteria for repeat ESI include 50-70% pain relief from initial injection lasting 6-8 weeks. While it is documented that the IW had a pain relief of 50% the duration of pain relief was not documented. This request is not medically necessary.

Continue therapy with [REDACTED] regarding right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines passive therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines>) ODG Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: As per ACOEM guidelines, referral for surgical consultation may be indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitation for more than four months, plus existence of a surgical lesion, failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The IW had an MRI arthrogram of the shoulder done which revealed a labral tear and tendinopathies. The IW also had undergone steroid injection to the shoulder which was unsuccessful. The orthopedic surgeon following the shoulder complaints noted that

surgery would not be helpful and that pain was likely referred from the neck. Therefore, continued visits to the orthopedic surgeon are not medically necessary.