

Case Number:	CM15-0068933		
Date Assigned:	04/16/2015	Date of Injury:	10/05/2012
Decision Date:	05/27/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/10/2015

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: Orthopedic Surgery, Sports 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 49-year-old female, who sustained an industrial injury on 10/5/2012 due to cumulative trauma. Diagnoses have included impingement syndrome of the shoulder on the right with bicipital tendonitis and the left with moderate tendinopathy; discogenic cervical condition; bilateral carpal tunnel syndrome; and major depressive disorder, single episode. Treatment included wrist surgery, injections, physical therapy, psychotherapy, and medication. Per the progress report dated 3/23/2015, there was tenderness along the carpal tunnel and first extensor and weakness against resistance. According to the progress report dated 3/27/2015, the injured worker reported feeling better, a good eight hour sleep with Trazodone and reported better energy and feeling slightly less depressed. The injured worker had a positive impingement sign and positive Speed's test, intercrossed arm and cross arm test. Abduction actively was no more than 120 degrees and flexion was 150 degrees. Authorization was requested for four physical therapy sessions; surgery for the left shoulder: decompression, evaluation of rotator cuff and biceps tendon; Norco; Trazodone and Effexor Slow Release. The documentation of 03/27/2015 revealed the injured worker was feeling way better and got 8 hours of sleep on 50 mg of trazodone and had better energy and was feeling slightly less depressed. The injured worker denied suicidal ideation and denied side effects from Effexor or trazodone. However, the injured worker presented with symptoms without change, including anhedonia, poor concentration, attention and memory, disturbance of appetite, poor self-esteem and guilt feelings, irritability, and anger, hopelessness, helplessness, and derealization. The diagnoses included major depressive disorder, single episode, severe without psychotic features, cluster B personality

disorder features, sleep apnea, and hypothyroidism. The treatment plan included a continuation of Effexor XR for depression, anxiety, and chronic pain and a continuation of trazodone for insomnia and to augment Effexor and to provide 1 refill of the medication. The injured worker underwent an MRI of the left shoulder on 07/10/2014 which revealed a prominent diffuse rotator cuff tendinopathy involving the supraspinatus, infraspinatus, and subscapularis segments with focal distance supraspinatus interstitial tear at the greater tuberosity insertion. There was a possible anterior distal supraspinatus calcification but x-ray confirmation was needed. There was no surface or full thickness tear or retraction present. There was marked focal bicipital tendinopathy over the humeral head with tenosynovitis manifested by increased fluid in the bicipital groove without a biceps tendon tear. There was a mild acromioclavicular joint degenerative arthritis with capsular hyperemia and distal clavicular edema suggesting inflammation and a type 3 acromion process without evidence of impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone physical medicine treatment. There was a lack of documentation of quantity of sessions that were previously attended, objective functional benefit that was received, and remaining objective functional deficits. The request as submitted failed to indicate whether the request was for the wrist or shoulder. Given the above, the request for 4 physical therapy sessions is not medically necessary.

Surgery for the left shoulder: decompression, evaluation of rotator cuff and biceps tendon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear,

impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and MRI to support the necessity for a rotator cuff evaluation. The decision for biceps tendon treatment would be decided intraoperatively. However, the duration of conservative care was not provided. Given the above, the request for Surgery for the left shoulder: decompression, evaluation of rotator cuff and biceps tendon is not medically necessary.

Norco quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the request as submitted failed to indicate the frequency for the requested medication, as well as the strength. Given the above, the request for Norco quantity 90 is not medically necessary.

Trazadone 50mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to indicate the injured worker had an objective decrease in pain and objective functional improvement. The sleep quality and duration were provided. The psychological assessment was provided. However, given the lack of documentation of an objective decrease in pain and objective functional improvement and a change in the use of other analgesic medications. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for trazodone 50 mg quantity 60 is not medically necessary.

Effexor slow release 75mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to indicate the injured worker had an objective decrease in pain and objective functional improvement. The sleep quality and duration were provided. The psychological assessment was provided. However, given the lack of documentation of an objective decrease in pain and objective functional improvement and a change in the use of other analgesic medications. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Effexor slow release 75mg quantity 60 is not medically necessary.