

Case Number:	CM15-0078500		
Date Assigned:	04/29/2015	Date of Injury:	01/03/2007
Decision Date:	06/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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: Physical Medicine & Rehabilitation

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 who sustained a work related injury January 3, 2007. According to a primary treating physician's progress report, dated April 1, 2015, the injured worker presented with ongoing bilateral knee and shoulder pain. He is pending authorization for left knee surgery. There is ongoing tenderness in both knees and increased tenderness and spasms to both shoulders. He continues to limp with ambulation. Diagnoses included mild carpal tunnel syndrome, right slightly worse than left; lateral meniscal tear, left knee; low back pain. Treatment plan noted a performed consistent urine drug screen and requests authorization for 6 sessions of acupuncture, Norco, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management of Opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: The injured worker is being treated for chronic left knee pain and bilateral shoulder pain. MRI of the left knee dated 4/16/15 indicates evidence of degenerative changes with medial and lateral menisci, small joint effusion and patellar chondromalacia. Physical examination is notable for posterior knee pain, lack of joint line tenderness and negative Spring sign. Arthroscopic knee surgery is planned. Shoulder physical examination is significant for bilateral trapezius tenderness and muscle spasms. MRI of bilateral shoulders reportedly showed evidence of degenerative acromioclavicular joints and tendinopathy. Request has been made for continuation of Norco 10/325 #120, Relafen 750 mg #60, Zanaflex 4 mg #60 and 6 sessions of acupuncture to bilateral shoulders. Records indicate patient's pain is significantly improved with Norco 4 times per day, which allows for functional improvements and independence in ADLs and home exercise program. With regards to opioid therapy, MTUS guidelines recommends continuation if the patient has improved function and pain or has returned to work. In the case of this injured worker, records adequately demonstrate improved pain and function. The request is therefore medically necessary.

Zanaflex 4mg #60: Upheld

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

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

Decision rationale: The injured worker is being treated for chronic left knee pain and bilateral shoulder pain. MRI of the left knee dated 4/16/15 indicates evidence of degenerative changes with medial and lateral menisci, small joint effusion and patellar chondromalacia. Physical examination is notable for posterior knee pain, lack of joint line tenderness and negative Spring sign. Arthroscopic knee surgery is planned. Shoulder physical examination is significant for bilateral trapezius tenderness and muscle spasms. MRI of bilateral shoulders reportedly showed evidence of degenerative acromioclavicular joints and tendinopathy. Request has been made for continuation of Norco 10/325 #120, Relafen 750 mg #60, Zanaflex 4 mg #60 and 6 sessions of acupuncture to bilateral shoulders. Records indicate patient's pain is significantly improved with Norco 4 times per day, which allows for functional improvements and independence in ADLs and home exercise program. With regards to muscle relaxants, MTUS guidelines recommends a short-term course of therapy for muscle spasms for back pain. In the case of this injured worker, Zanaflex has been dispensed for over 90 days, which would not be considered short-term therapy. Therefore, the request for continued Zanaflex 4 mg #60 is not medically necessary.

Acupuncture 6 sessions for bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker is being treated for chronic left knee pain and bilateral shoulder pain. MRI of the left knee dated 4/16/15 indicates evidence of degenerative changes with medial and lateral menisci, small joint effusion and patellar chondromalacia. Physical examination is notable for posterior knee pain, lack of joint line tenderness and negative Spring sign. Arthroscopic knee surgery is planned. Shoulder physical examination is significant for bilateral trapezius tenderness and muscle spasms. MRI of bilateral shoulders reportedly showed evidence of degenerative acromioclavicular joints and tendinopathy. Request has been made for continuation of Norco 10/325 #120, Relafen 750 mg #60, Zanaflex 4 mg #60 and 6 sessions of acupuncture to bilateral shoulders. Records indicate patient's pain is significantly improved with Norco 4 times per day, which allows for functional improvements and independence in ADLs and home exercise program. With regards to acupuncture, MTUS guidelines recommends an initial 3-6 treatment session in order to demonstrate functional improvement at which point extended treatments may be clinically necessary. The request for 6 acupuncture sessions complies with stated guidelines and is therefore medically necessary.