

Case Number:	CM13-0002577		
Date Assigned:	12/13/2013	Date of Injury:	11/09/2006
Decision Date:	06/26/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old male diagnosed with cervical radiculopathy, status post right shoulder surgery with residual weakness, status post carpal tunnel release bilaterally. A request for 1 MRI of the right shoulder and unknown medication refills was non-certified at utilization review on 07/12/13, noting a request for additional documentation of whether or not the patient has previously had MRI studies of the right shoulder and to provide the results of those studies. Additional information was requested regarding specific medications, dosages, quantities and instructions for use as well as how long the patient has been taking those medications and improvement in pain level and functionality as a result of their use. Agreed Medical Examiners Supplemental Report dated May 29, 2013 noted that patient has significant problems with his neck with narrowing at C5-6 as well as C6-7 electrodiagnostic studies identified mild chronic C7 radiculitis on the left. It was noted the patient was issued permanent and stationary report in June 2011 as surgery was unlikely to make this applicant any better. On 07/03/13 the patient reported complaints of low back, shoulder, and bilateral knee pain. Physical examination was performed on the lumbar spine and knees. Shoulder examination was not performed. An MRI of the right knee was recommended. He was prescribed Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG Shoulder Chapter regarding indications for imaging include acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. It is noted the patient has a history of prior shoulder surgery. The previous request for additional information regarding previous imaging studies weaned and answered. Documentation in this case does not identify examination findings suggesting significant pathology, nor is there any indication to suspect rotator cuff tear/impingement. Therefore, this request is not medically necessary.

PROSPECTIVE REQUEST FOR UNKNOWN MEDICATION REFILL(S): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medications for Subacute and Chronic Pain

Decision rationale: Per ODG guidelines, medications for subacute and chronic pain are "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." This is a 43-year-old male patient with a history of chronic pain. The patient has been on multiple medications throughout the notes. The current request does not specify which medications are to be refilled, doses, frequency, quantity, efficacy, or functional benefit with use to compare to evidence-based guideline criteria for medical necessity. Therefore, the request for unknown medication refills is not medically necessary.