MAXIMUS Federal Services

Case Number:	CM13-0009251		
Date Assigned:	12/11/2013	Date of Injury:	08/24/2004
Decision Date:	02/03/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in 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 physician 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:

The patient is a 54-year-old male who reported an injury on 08/24/2004. The patient was noted to have a rotator cuff repair on 10/30/2012. The patient was noted to have subjective complaints of pain in the shoulders. The patient was noted to have significant right shoulder pain. It was noted the patient's pain medication, Vicodin ES, as noted to be increased to 3 times per day as was the ibuprofen. It was noted the patient denied any side effects. However, it was noted that the medication had been reduced to twice a day and ibuprofen twice a day as of the office visit 07/11/2013. It was noted the patient stated he had no side effects; the medication reduced the patient's pain from 8/10 to 3/10 consistent with VAS. The functional gains were noted to be the patient had indicated the Vicodin assisted the patient with his activities of daily living and restorative sleep. Request was made for medication refills and for the right shoulder prognostic suprascapular nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Right Shoulder prognostic suprascapular nerve block under fluoroscopic guidance: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: California Chronic Pain Medical Treatment Guidelines /ACOEM nor Official Disability Guidelines address Nerve Blocks.

Decision rationale: Per Belnap, B., and Mahajan, G. (2013), "the suprascapular nerve due to its superficial location and the supraspinous fossa is a readily accessible nerve that is easy and safe to block." The clinical documentation submitted for review indicated the physician had a request for authorization of a prognostic shoulder subscapular nerve block first on the right side, and it was further applied once the patient returns for a follow-up and they discuss the response, the request may be made for a radiofrequency neurotomy of the nerve. It further stated that diagnostic shoulder nerve blocks are necessary and for longer duration of pain relief, a radiofrequency block of the same nerve would be done. The patient was noted to have participated in physical therapy, corticosteroid injections; however, the patient was noted to have remained in pain. The pain was noted to cause significant problems with the patient's ADL's (activities of daily living) and sleep. It was documented that this request was previously approved in June of 2012, however the patient decided to undergo surgery to try and "Fix" the problem and had a rotator cuff repair on 10/30/2012. Initially, the pain was relieved, however, it came back, very painfully. Given the above documentation of continued pain, the request for a right shoulder prognostic suprascapular nerve block under fluoroscopic guidance is medically necessary

The request for 1 prescription of Vicodin ES 7.5mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin, ongoing management Page(s): 75,78.

Decision rationale: California Chronic Pain Medical Treatment Guidelines, recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated the patient had documentation of analgesia as the patient has a reduction of the pain on a VAS from 8/10 to 3/10, activities of daily living increase in the patient's ability to function and help restore sleep and there is a lack of adverse side effects. However, there is a lack of documentation indicating the necessity for 120 pills as it was noted the patient was taking the medication twice a day. Additionally, there was a lack of documentation indicating the necessity for 1 refill. Given the above and the lack of documentation, the request for 1 prescription of Vicodin ES 7.5 mg #120 with 1 refill is not medically necessary.

The request for 1 prescription of Ibuprofen 600mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription medications Page(s): 67.

Decision rationale: California Chronic Pain Medical Treatment Guidelines, recommended nonprescription medications such as ibuprofen for their anti-inflammatory properties. The clinical documentation submitted for review indicated the patient was in pain; however, it failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for a refill of the medication post #60 pills. Given the above, the request for 1 prescription of ibuprofen 600 mg #60 with 1 refill is not medically necessary