

Case Number:	CM13-0014217		
Date Assigned:	10/02/2013	Date of Injury:	08/28/2006
Decision Date:	01/23/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/20/2013

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 & Rehabilitation 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 60-year-old male who reported an injury on December 26, 2006. The patient is currently diagnosed with lumbago, displacement of lumbar intervertebral disc without myelopathy and other specified disorders of the bursae and tendons in the shoulder. The patient was recently evaluated on September 05, 2013. The patient reported complaints of worsening left shoulder pain. Physical examination revealed full range of motion of the left shoulder, mild complaints of pain with cross impingement, diminished range of motion of the right shoulder, a positive scarf sign with popping and clicking over the acromion, moderate paraspinous spasm of the lumbar spine, diminished range of motion of the lumbar spine, 1+ deep tendon reflexes at the bilateral knees and ankles, atrophy of the right calf and numbness in the lateral calf and dorsolateral foot on the left. The treatment recommendations included the continuation of current medications and a referral to an orthopedic physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

orthopedic evaluation for the right shoulder, between July 24, 2013 and October 7, 2013,:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits.

Decision rationale: The California MTUS Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The Official Disability Guidelines state that the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. As per the clinical notes submitted, the patient does not appear to be a surgical candidate for the right shoulder at this time. While the patient does present with persistent pain, the patient does not meet appropriate surgical intervention indications. There is no documentation of a failure to respond to extensive conservative treatment. Based on the clinical information received, the request is non-certified.

prescription for Lidoderm #30, between July 24, 2013 and October 7, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain. Lidocaine patch is indicated for neuropathic pain after there has been evidence of a trial of first-line therapy with antidepressants or anticonvulsants. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain. There has not been indication of functional improvement despite the ongoing use of this medication. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

prescription for Ultram, between July 24, 2013 and October 7, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until there has been a failure to respond to non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per

the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain. A satisfactory response to treatment has not been indicated by a decrease in the level of pain, increase in the level of function or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.