

Case Number:	CM13-0031860		
Date Assigned:	12/04/2013	Date of Injury:	06/30/2011
Decision Date:	02/06/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/04/2013

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 Neurology has a subspecialty in Neuromuscular 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 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 48 year old woman who sustained a work related injury on June 30 2011. The patient developed chronic neck and left shoulder pain. According to September 11 2013 note, the patient reported stiffness in her neck, as well as numbness and tingling in the left hand and upper extremity. Her pain level is 9/10 in intensity without medication, but with medication it is 4/10 in intensity. She has also left shoulder pain, 8/10 without medication and 4/10 with medication (Norco). She was diagnosed with chronic neck pain and left shoulder rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines use of opioids Page(s): 179.

Decision rationale: There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior from previous use of Norco. Therefore, the request for Norco 10/325mg # 60 is not medically necessary until more information about the patient is available.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, Soma is not recommended for long term use. It is prescribed for muscle relaxation. There is no clear report of muscle spasm in the patient file. Therefore, Soma 350 mg # 60 is not medically necessary.

UDT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. There is no evidence that the patient is abusing illicit drugs. The request for UDT is not medically necessary.

Pain Management Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In this case, there is no clear need for a second opinion. The requesting physician should provide a documentation supporting the medical necessity for a pain management specialist evaluation. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for pain management referral is not medically necessary.

Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: According to MTUS guidelines, physical therapy is indicated within the 6 months after shoulder sprain surgery: 24 visits over 14 weeks. According to the provided file, there is no history of recent shoulder surgery. The provider should determine the diagnosis for which his patient is getting physical therapy, determine the goals and objectives of the physical therapy. Therefore, the requested physical therapy is no medically necessary until more specific information are provided.