

Case Number:	CM13-0040806		
Date Assigned:	12/20/2013	Date of Injury:	02/10/2011
Decision Date:	05/15/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 58 year-old female who reported an injury on 02/08/2011 due to a fall. The injured worker was evaluated status post surgical intervention to the shoulder on 08/14/2013. It was documented that the injured worker was participating in physical therapy for the right shoulder. Physical findings included difficulty with active abduction and significant weakness in the right shoulder. The injured worker's diagnoses included status post right shoulder subacromial decompression, lumbar strain, left shoulder impingement, left hip bursitis, left knee pain and left ankle sprain, right hip bursitis, right knee pain and right ankle sprain. The clinical documentation submitted for review indicated that the injured worker was next evaluated on 10/09/2013. The physical findings of that examination included active abduction at 180 degrees, 180 degrees in flexion with mild weakness and mild tenderness over the biceps tendon and acromioclavicular joint of the right shoulder. Evaluation of the left shoulder documented tenderness at the biceps tendon and acromioclavicular joint with active range of motion described as 150 degrees in abduction and 160 degrees in flexion limited to pain with a positive impingement sign. A request was made at that appointment for continued physical therapy. A request was submitted for a headset, Proteolin 2 by mouth and gabapentin. However, justification for the request was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEADSET: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

Decision rationale: The California Medical Treatment Utilization Schedule does support the use of personal protective equipment to prevent musculoskeletal disorders and visual fatigue or injury while participating in work duties. However, there was no justification provided in the medical documentation to support the need for a headset. All physical examinations submitted for review were focused on the right and left shoulders and did not provide any need for a headset. As such, the request for the headset is not medically necessary or appropriate.

PROTEOLIN 2 BY MOUTH TWICE A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, MEDICAL FOOD

Decision rationale: The requested medication is considered a medical food to reduce inflammatory symptoms. The California Medical Treatment Utilization Schedule does not address medical foods. The Official Disability Guidelines do not support the use of medical foods unless there is a dietary deficit that would benefit from a medical food. Although the clinical documentation submitted for review does indicate that the injured worker has previously undergone surgical intervention, and an anti-inflammatory would be appropriate; there was no documentation that the injured worker has failed to respond to normal over-the-counter anti-inflammatory drugs. Therefore, the need for a specialized medical food is not clearly established. As such, the requested Proteolin 2 by mouth twice a day #60 is not medically necessary or appropriate.

GABAPENTIN 600MG, 1 BY MOUTH THREE TIMES A DAY, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS (AEDs) - GABAPENTIN (NEURONTIN) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPTICS Page(s): 16. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPTICS, 16

Decision rationale: The California Medical Treatment Utilization Schedule recommends that the ongoing use of medications, such as anti-epileptics, be supported by documentation of functional benefits and evidence of significant pain relief. The clinical documentation does not adequately supply a medication history to specifically identify the length of time that the injured worker has been on this medication. However, due to the dosing, it would be appropriate that

this injured worker has been on this medication for an extended duration. However, there was no documentation of functional benefit or pain relief resulting from the medication usage. As such, the requested gabapentin 600 mg 1 by mouth 3 times a day #120 is not medically necessary or appropriate.