

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0050267 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/14/2012 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/11/2013 |

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 Anesthesia has a subspecialty in Acupuncture and 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 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 claimant is a 33 year old male injured worker with date of injury 2/14/12 with related shoulder pain. Per 10/17/13 physical therapy report, the injured worker continues to feel a popping sensation when performing flexion and increased pain when performing shoulder external rotation. Per 10/10/13 report, the left shoulder pain worsens in the mornings and at night. He is unable to perform ADLs without pain. MRI of the left shoulder showed a large near full thickness tear of the rotator cuff with impingement syndrome. He has been treated with activity modification, injections, medication, physical therapy, and acupuncture. He underwent a left shoulder diagnostic arthroscopy on 8/20/13. The date of UR decision was 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

Decision rationale: MTUS CPMTG cites frequent random urine toxicology screens as a step to avoid misuse of opioids, in particular, for those at high risk of abuse. Review of the submitted

records do not indicate that the injured worker is being treated with opiate medications. The request is not medically necessary.

Bio-Therm 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111+112.

Decision rationale: The documentation submitted for review do not note the ingredients of Bio-Therm. Also the ingredients are not readily identifiable via an online search. Without such information, the medical necessity of the request cannot be established.

Theraflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The documentation submitted for review do not note the ingredients of Theraflex. Also the ingredients are not readily identifiable via an online search. Without such information, the medical necessity of the request cannot be established.

Dyotin 250mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 49.

Decision rationale: Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The records submitted for review do not indicate that the injured worker is suffering from neuropathic pain. The request is not medically necessary.