

Case Number:	CM13-0052059		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2000
Decision Date:	03/24/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 has a date of injury of 06/07/2000, no mode of injury noted in the documentation provided. The patient has diagnoses of impingement syndrome and supraspinatus tendonitis. The patient is 53 years old and was in for a routine followup visit on 10/07/2013. The patient had complaints of increasing pain in the left shoulder. He noted on exam previous daily pain was 7/10. Pain at rest was 3/10. Previous pain with activity was 8/10. Range of motion noted on exam active 90 degrees forward elevation. External rotation is 30 degrees, internal rotation 5th lumbar level. For motor function, it showed supraspinatus abduction 4/5 and supraspinatus palm up 4/5. The patient complained of increased pain. He is taking narcotic pain medication routinely, does have pain at night, and has not had a complicating event.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 evaluation and treatment with pain management: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management Page(s): 78. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Chapter 6 page(s) 163

Decision rationale: The request for pain management evaluation and treatment is non-certified. The patient is a 53-year-old male with a diagnosis of impingement syndrome and supraspinatus tendonitis. The documentation provided did show that the patient is having continued pain. However, there is no documentation to show current pain medications and/or documentation of effectiveness or increasing current medications or change to different pain medications for effectiveness to assist with pain. There also is no documentation to show that conservative care has been exhausted as far as physical therapy or any other kind of treatment. The request as submitted did not specify the treatment being requested in order to determine necessity. Therefore, the request evaluation and treatment is non-certified.

Neurontin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin.

Decision rationale: The request for Neurontin is non-certified. The patient is a 53-year-old male with a diagnosis of impingement syndrome, supraspinatus tendonitis. The documentation provided seemed to show that the patient is having continued pain. However, there is no documentation to show current pain medications and/or documentation of effectiveness or increasing current medications or change to different pain medications for effectiveness to assist with pain. There also is no documentation to show that conservative care has been exhausted as far as physical therapy or any other kind of treatment. As far as the request for Neurontin, guidelines do note that Neurontin is used for diabetic neuropathy and postherpetic neuralgia. Documentation provided failed to support objective improvement with the use of this medication or the dosage and frequency the patient was not take this medication. Therefore, the request for pain management and Neurontin is non-certified.