

Case Number:	CM13-0053178		
Date Assigned:	04/25/2014	Date of Injury:	10/01/2004
Decision Date:	08/01/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/18/2013

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 & 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 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 39-year-old female with a reported date of injury of 10/01/2004. The mechanism of injury reportedly occurred when the injured worker's right arm got caught on a pole, injuring her right elbow. The injured worker rated the pain at 10/10. The injured worker indicated that she was unable to perform activities of daily living including dressing, bathing, and home duties. Upon physical examination, the injured worker presented with her right shoulder held higher than her left, and her arm was held in a flexion contraction across the chest. The injured worker presented with joint compression tenderness and sensitivity with movement. The physician indicated there was difficulty with range of motion in the right shoulder. The injured worker's diagnoses included complex regional pain syndrome, myofascial pain syndrome, fear-based avoidance of activity, poor understanding of underlying mechanism of injury consequences, and severe depression. The injured worker's medication regimen included Klonopin, Ibuprofen, Prednisone, Prilosec, Neurontin, Paxil, Cymbalta, Keppra, Effexor, Trazodone, Methadone and Norco. The Request for Authorization for unknown medications was submitted on 11/18/2013. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown medications: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medications for Subacute & Chronic Pain.

Decision rationale: The Official Disability Guidelines recommend medications for acute and chronic pain. Relief of pain with the use of medications is generally temporary, and measure of the lasting benefit for this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur determining the use of medication, determining the potential benefits and adverse side effects, determining the injured worker's preference and only 1 medication should be given at a time. The request as submitted failed to provide the specific medication, dosage, frequency, and directions for use. Therefore, the request for unknown medications is not medically necessary.