

Case Number:	CM13-0059133		
Date Assigned:	12/30/2013	Date of Injury:	07/22/1999
Decision Date:	05/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine , Pulmonary Diseases 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 54-year-old male who reported an injury on 07/22/1999. The mechanism of injury involved a fall. Current diagnosis is shoulder pain. The injured worker was evaluated on 11/06/2013. The injured worker reported increasing right shoulder pain, with poor sleep quality. Physical examination revealed limited right shoulder range of motion, a positive Neer and Hawkins test, positive belly press testing, positive Speed's and Yergason's test, and intact sensation. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first line treatment for neuropathic pain. The injured worker was instructed to continue a trial of Neurontin 300 mg at

bedtime on 11/06/2013. Documentation of objective functional improvement following the initial trial was not provided. There is also no frequency listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

THERMACARE HEAT WRAP #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 211-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities may be useful in the initial conservative treatment of acute shoulder symptoms. At home local applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The injured worker has utilized ThermaCare Heat Wraps since 2012. There is no documentation of objective functional improvement. There is also no mention of a contraindication to at home local applications of heat packs as opposed to a heat wrap. Based on the clinical information received, the request is non-certified.