

Case Number:	CM13-0062342		
Date Assigned:	12/30/2013	Date of Injury:	02/23/2007
Decision Date:	04/03/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/06/2013

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 Orthopedic Surgeon, and is licensed to practice in Texas. 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 is a 55-year-old who reported an injury on 02/23/2007. The mechanism of injury was not specifically stated. The patient is diagnosed with bilateral medial epicondylitis, myofasciitis, anxiety, hypertension, rotator cuff syndrome, insomnia, lumbar spine disc syndrome, lumbar radiculitis, pain in the cervical spine, pain in the thoracic spine, pain in the lumbar spine, pain in the shoulders, pain in the elbows, pain in the wrists, and rule out bilateral wrists, elbow and knee pain. The patient was seen by [REDACTED] on 11/06/2013. The patient reported persistent pain with loss of motion and myospasm to the lumbar spine and bilateral shoulders. Physical examination revealed limited and painful range of motion of the lumbar spine, knees, shoulders, elbows, and wrists/hands. The patient also demonstrated tenderness to palpation, spasm, edema, swelling, sensory loss, and trigger points. Treatment recommendations included authorization for left shoulder surgery as well as a followup with pain management and referral to internal medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic medications for the left shoulder subacromial bursitis and impingement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The specific type of medication with dosage, frequency, and quantity was not specified in the current request. The request for narcotic medications for the left shoulder subacromial bursitis and impingement is not medically necessary or appropriate.