

Case Number:	CM13-0070664		
Date Assigned:	02/03/2014	Date of Injury:	06/06/2010
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/26/2013

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, has a subspecialty in Sports Medicine 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 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 55-year-old male who reported an injury on 06/06/2010 due to an altercation with an inmate. The clinical note dated 12/11/2013 noted the injured worker presented with complaints of right neck pain, right shoulder pain, difficulty with raising the right arm and neck stiffness. Upon exam, the range of motion of the neck noted difficulty turning to the right, difficulty with forward flexion, difficulty with extension, the inability to raise the right arm beyond the level of his right shoulder, right-sided cervical tenderness and tenderness over the lateral and superior aspects of the right shoulder. The injured worker was diagnosed with primary localized osteoarthritis in the shoulder region, chronic pain syndrome, cervical spondylosis without myelopathy, neck sprain/strain, headache, dietary surveillance and counseling, and calcifying tendonitis of the shoulder. The treatment plan includes continued use of methocarbamol tablets and a right shoulder subacromial injection due to right shoulder stiffness and an inability to raise his right arm over the level of the shoulder. The provider's rationale for the subacromial injection is because the injured worker had a previous injection performed in 03/2013 which gave him 80% improvement. The Request for Authorization form for the right shoulder subacromial injection was dated 12/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL 750 MILLIGRAMS QUANTITY NINETY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants for pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle relaxants for pain Page(s): 63.

Decision rationale: The request for methocarbamol 750 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend no sedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain, and overall improvement and efficacy appear to diminish over time. Prolonged use of some medications in this class may lead to dependence. The included documentation lacked evidence of the efficacy of this medication and a complete and adequate pain scale. It appears that this medication was prescribed as ongoing for the use for treatment for osteoarthritis; however, the guidelines recommend a short-term treatment of acute exacerbations. The request for 90 tablets exceeds the guideline recommendations for short-term use. Also, the frequency of the medication was not provided. Therefore, the request is not medically necessary.

REPEAT RIGHT SHOULDER SUBACROMIAL INJECTION QUANTITY ONE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

Decision rationale: The request for a repeat right shoulder subacromial injection with a quantity of 1 is not medically necessary. The California MTUS/ACOEM recommends 2 or 3 subacromial injections of an anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome or small tears. There was a lack of significant objective examination findings to support possible pathology that would warrant a repeat subacromial injection. The included medical documents lacked evidence of objective functional deficits. The treatment plan included a request for physical therapy, but it was not clear whether that request was for the ankle or the shoulder. The guidelines recommend a subacromial injection as part of an exercise rehabilitation program and as not intended for use as independent treatment. The provider noted that on 03/27/2013 the injured worker had a right shoulder subacromial injection, including an 80% reduction in the right shoulder pain and a significant increase in right shoulder mobility. However, there was a lack of documentation of increased function and objective measures used to support the efficacy of the injections. As such, the request is not medically necessary.