MAXIMUS Federal Services

Case Number:	CM14-0001135		
Date Assigned:	01/24/2014	Date of Injury:	04/29/2007
Decision Date:	06/24/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	01/03/2014

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 patient has submitted a claim for joint pain in upper arm associated with an industrial injury date of April 29, 2007. The patient complains of bilateral shoulder pain, worse in the left, with popping, clicking, catching, restriction of motion and weakness. This was accompanied by elbow and hand symptoms. Physical examination showed limitation of motion and tenderness of the bilateral shoulders; significant tenderness over the left distal clavicle; decreased muscle strength in both upper extremities globally; and decreased left grip strength. An arthrogram of the left shoulder done on June 6, 2013 revealed full thickness tear of the supraspinatus tendon. The diagnosis was status post bilateral shoulder surgery with retained fragment of the clavicle of the left shoulder. The patient is currently awaiting authorization for another left shoulder surgery. Treatment plan includes intake of Norco and Topamax for pain, and left suprascapular nerve block. The patient states that she had received a left suprascapular nerve block which provided pain relief of 50% for approximately 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 LEFT SUPRASCAPULAR NERVE BLOCK UNDER FLUOROSCOPIC GUIDANCE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: As stated on page 204 of the ACOEM Practice Guidelines referenced by CA MTUS, invasive techniques have limited proven value. It may be indicated after conservative therapy for two to three weeks. The ODG states that suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. In this case, patient has persistent left shoulder pain despite physical therapy and intake of medications. She had received a previous left suprascapular nerve block, which provided 50% pain relief for approximately 2 months. The guideline criteria were met. Therefore, the request for 1 left suprascapular nerve block under fluoroscopic guidance is medically necessary and appropriate.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TOPAMAX 100 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Topiramate (Topama.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 21.

Decision rationale: Page 21 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, the patient's presentation is consistent with neuropathic pain. The medical necessity for topiramate has been established. However, the request failed to specify the amount of medication to be dispensed. Therefore, the request for 1 prescription of Topamax 100 mg is not medically necessary and appropriate.