

Case Number:	CM14-0107576		
Date Assigned:	08/04/2014	Date of Injury:	08/30/2013
Decision Date:	10/14/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/10/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 50-year-old female was reportedly injured on August 30, 2013. The mechanism of injury was described as a fall while working. The most recent progress note, dated June 3, 2014, indicated that there were ongoing complaints of low back and bilateral shoulder pains. The physical examination demonstrated tenderness in the right shoulder. A positive Empty can, Hawkins, Neer's, and impingement tests were present prior to surgery. Diagnostic imaging studies included a lumbar MRI in February 2014 revealing a disc bulge at L1-L2 and L3-L4. Additionally, a right shoulder MRI in February 2014 demonstrated a focal tear of the supraspinatus tendon. Previous treatment has included pharmacotherapy, as a cold therapy, activity modification, and surgical intervention. A request had been made for Daypro 600 mg #100 and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DAYPRO 600MG QTY 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 22 of 127.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG -TWC ODG Treatment

Decision rationale: California guidelines, as well as ODG guidelines, support the use of NSAIDs in select clinical settings of chronic pain syndromes. However, the progress note, provided, indicates that the claimant is currently on duplicate medications of the same class. At the time of this request, the claimant was on diclofenac and the maximum recommended dose of Daypro. When noting that the claimant is concurrently on diclofenac, there would be no medical necessity for another anti-inflammatory medication. Therefore, this request is not considered medically necessary.