

Case Number:	CM14-0123434		
Date Assigned:	08/08/2014	Date of Injury:	03/10/2004
Decision Date:	09/18/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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 Illinois. 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 58-year-old female who reported an injury on 03/10/2004. The mechanism of injury is not noted within the documentation submitted for review. The injured worker's diagnosis was noted to be cervical disc displacement. Prior treatment was noted to be medications and physical therapy. She had right shoulder surgery and left shoulder surgery. The injured worker's subjective complaints were noted to be head pain, neck pain rated a 7/10 on a numerical pain scale, and bilateral shoulder pain rated 7/10. She also complained of difficulty performing activities of daily living and difficulty reaching at or above shoulder level. The objective findings include tenderness to palpation to the right and left rotator cuff muscles. Limited range of motion was noted upon flexion, extension, and abduction. Neer's test and Hawkins-Kennedy test were positive bilaterally. The treatment plan was for medication refills and a urine toxicology drug screen. The provider's rationale was not noted within the documentation submitted. In addition, the Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007 pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 163.

Decision rationale: The request for pain management consultation is non-certified. The California MTUS/American College of Occupational and Environmental Medicine state a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The documentation provided for review does not support a need for assessing the diagnosis, or prognosis, nor does it address a need for assistance with therapeutic management or medical stability. It also does not note the injured worker's fitness for return to work. Additional documentation will be necessary to support the guidelines' recommendation for a consultation. As such, the request for pain management consultation is not medically necessary.

Relafen 750mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 72-73.

Decision rationale: The request for Relafen 750 mg quantity 80 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Relafen for osteoarthritis. The recommended starting dose is 1000 mg. This dose can be divided into 500 mg twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg per day. The documentation submitted for review does not adequately support a diagnosis for osteoarthritis. In addition, it is not noted that prior use of Relafen provided efficacy for the injured worker, and the request does not indicate a dosage frequency. Therefore, the request for Relafen 750 mg quantity 80 is not medically necessary.