

Case Number:	CM14-0132524		
Date Assigned:	08/22/2014	Date of Injury:	08/08/2012
Decision Date:	10/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/19/2014

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 Orthopedic Surgery 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 claimant is a 50-year-old, female injured in a work related accident on 08/08/12. The medical records provided for review included the handwritten PR2 report dated 06/06/14 noting complaints of low back pain with radiating left lower extremity complaints and difficulty with walking and prolonged activity. Physical examination showed restricted range of motion, tenderness to palpation, positive Faber's and Gaenslen's testing, and hypesthesias in a bilateral L4 through S1 dermatomal distribution. The diagnosis was plantar fasciitis and lumbosacral strain with sacroiliac joint discomfort. The report also noted right shoulder pain for which physical examination showed tenderness to palpation, positive crepitation, and impingement. Recommendations were for a diagnostic ultrasound of the right shoulder and a prescription for Prilosec and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines:Shoulder Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Ultrasound, diagnostic.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for diagnostic ultrasound cannot be considered as medically necessary. The documentation does not include any acute clinical findings or reports of prior imaging findings of the shoulder to support the need for a diagnostic ultrasound procedure greater than two years from the time of injury. The records indicate that the claimant does not have any prior MRI scan or radiographic findings of the shoulder. Without documentation of prior imaging, the request for a diagnostic ultrasound of the claimant's right shoulder would not be supported. The request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California MTUS Chronic Pain Guidelines would not support continued use of Prilosec. In regards to protective proton pump inhibitors the Chronic Pain Guidelines require the presence of risk factors for use of the medication. The medical records do not document any risk factors for gastroesophageal event that would necessitate chronic use of Prilosec. Therefore, this request is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support the continued use of Fexmid. Fexmid is a muscle relaxant for which the Chronic Pain Guidelines only recommend its use as a second line treatment with caution for short term, acute exacerbations in individuals with chronic pain complaints. While this individual is noted have chronic pain complaints, there is no documentation that the claimant is having an acute exacerbation of symptoms or has failed primary treatment at present. The use of this second line agent would not be indicated. Therefore, this request is not medically necessary.