MAXIMUS Federal Services

Case Number:	CM14-0135928		
Date Assigned:	09/03/2014	Date of Injury:	07/02/1997
Decision Date:	10/20/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal Medicine 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 is a 66 year old male who was injured on 07/02/1997 while performing his usual and customary duties as a lineman. He pulled on a cable and sustained injury to his right shoulder. The patient underwent right shoulder replacement. Prior treatment history has included right scapular trigger point injections which provided him with 80% improvement. Progress report dated 07/11/2014 states the patient presented with complained of pain in the shoulders with left hand numbness. He reported his pain is decreased with medication and no activity. On exam, he has decreased range of motion at the right shoulder. He was unable to fully extend his left shoulder with his hand above his head. He had mild pain at the right anterior shoulder joint and pain on palpation of the subdeltoid bursa. Sensation to sharp stick versus cotton swab is decreased in the left hand in the fourth and fifth fingers. His strength is decreased in the right hand. He is diagnosed with chronic right shoulder pain and left shoulder pain. He was recommended magnesium 400 mg for his pain at bedtime and to prevent constipation. His medications included Fentanyl, Ambien, Costamine DS, Norco, and Gabapentin. Prior utilization review dated 08/04/2014 states the request for Magnesium 400 mg is not certified as there is a lack of evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnesium 400 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of California Worker Compensation Office Medical Fee Schedule, page 7, 1999

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601074.html

Decision rationale: The guidelines recommend Magnesium when a patient has Magnesium deficiency. Magnesium may also be used as a laxative or as an antacid. The clinical documents state the medication is being used for pain and prevention of constipation. This does not fit within the current guidelines for Magnesium supplementation. It is unclear why continuing diet and hydration to prevent constipation is not sufficient. The patient remains on several opioids and AEDs for control of his pain and it is unlikely Magnesium would offer significant benefit at this time. Additionally, the request did not contain a frequency, route of administration, or quantity. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.