

Case Number:	CM14-0154143		
Date Assigned:	09/23/2014	Date of Injury:	01/31/2009
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Los Angeles. 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 73 year old male claimant with an industrial injury dated 01/31/09. Conservative treatments have included medication, chiropractic therapy, physical therapy, home exercise program, activity restrictions. Exam note 07/25/14 states the patient had evidence of tenderness over the subacromial area especially where the supraspinatus was attached. Also there was increased tenderness when the biceps were functioning. Forward flexion was noted as 120', abduction 120', internal rotation at 80' and external rotation at 60'. The impingement sign test, belly press, apprehension, and anterior drawer test were all negative. Exam note 08/12/14 states the patient returns with right shoulder pain and ring finger triggering. The patient also has low back pain in which was rated an 8-9/10. Treatment includes a refill of Norco, Relafen, Prilosec, and a right thumb spica splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for use, Weaning of Medicati.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the exam note from 7/25/14 there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the request is not medically necessary.

Relafen 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective Nsaids Page(s): 72,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDs Page(s): 72.

Decision rationale: Per the CA Chronic Pain Medical Treatment Guidelines, Relafen is a non-steroidal anti-inflammatory used for osteoarthritis. In this case there is insufficient evidence in the records from 7/25/14 of significant osteoarthritis to warrant usage. Therefore the request is not medically necessary.

Xolido 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, page 111-112, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the request is not medically necessary.

Right Spica Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Forearm, Wrist & Hand, Splints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: Per the CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand complaints, page 264, thumb spica splint is recommended to limit motion in DeQuervain's syndrome. As the exam note from 7/25/14 does not clearly demonstrate objective findings suggestive of DeQuervain's the request for Right Spica Splint is not medically necessary.

Neurological for PCTSD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Head, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, page 127

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the request is not medically necessary.