

Case Number:	CM14-0023718		
Date Assigned:	06/11/2014	Date of Injury:	02/26/2008
Decision Date:	07/15/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	02/25/2014

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 Texas. 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 55 year old male who reported an injury on 02/26/2008 of unknown mechanism of injury. The injured worker had a history of neck pain radiating to uppers extremities with numbness and tingling 5/10, bilateral shoulder and right elbow pain, 5/10; mid back pain radiating to lower extremities with numbness and tingling 4/10 with medication, without medication pain level is an 8/10. Physical examination reveals cervical range of motion: flexion 40 degrees, extension 45 degree to the right. Bilateral shoulders range of motion was noted as forward flexion right 140 degrees and 150 degree to the left, extension 30 degrees and abduction 150 degrees. The injured worker had a diagnosis of brachial neuritis or radiculitis, thoracic sprain/strain, lumbar sprain/strain, status post bilateral shoulder surgery and right elbow surgery. Medication regiment includes Ambien 10 mg, Ativan 1 mg, Norco 10/325 mg, and gabapentin 600 mg, no frequency noted. The treatment plan includes aquatic therapy 2 times a week for 4 weeks, home exercise, pending for an interferential unit and prescribed medications. The request form not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF METHYLPREDNISOLONE 6MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Corticosteroids.

Decision rationale: The Official Disability Guidelines indicate that the risk of steroid use should be discussed and documented, the injured worker should be aware of the effects of this medicine. The Official Disability Guidelines also indicate early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom free period with exacerbation or when evidence of new injury. The documentation did not specify route, frequency or duration. The documentation was not supported of why the injured worker requires methylprednisolone 6 mg. The documentation did not reveal discussion with the injured worker on the risks of steroid use. The injury is 6 years old with no documentation of symptom free timeframes. As such, the request for methylprednisolone 6mg is not medically necessary.

ONE (1) TORADOL 60MG INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend the use of Toradol for minor or chronic conditions. The documentation provided reveals the injured worker had an injury from 2008 with chronic pain. Therefore, the request for Toradol 60 mg injection is not medically necessary.