

Case Number:	CM14-0040768		
Date Assigned:	06/27/2014	Date of Injury:	03/04/2013
Decision Date:	08/18/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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 Nevada. 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 40 year-old female who was reportedly injured on March 4, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 20, 2014, indicates that there are ongoing complaints of stiffness and tightness in the right shoulder. Shoulder arthroscopy was completed in a proximally 4 months prior. The physical examination demonstrated a 5'7, 190 pound individual in no acute distress. There was a decrease in right shoulder range of motion and no other pathology is reiterated. Diagnostic imaging studies objectified degenerative changes in the form of supraspinatus and infraspinatus tendinosis. The degenerative changes of the acromioclavicular joint are noted. Previous treatment includes physical therapy, multiple medications, surgical intervention and conservative rehabilitation. A request had been made for multiple medications and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: 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 Page(s): 74-78.

Decision rationale: There is no clinical indication within the records reviewed for the ongoing use of this medication. It is noted that a shoulder surgery occurred more than 8 months prior to this date, there is a good range of motion and there is no objectification of moderate to severe breakthrough pain (the only clinical indication for this narcotic as outlined in the MTUS Guidelines). As such, this request is not medically necessary.

Motrin 800 mg, #60: 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 Page(s): 22.

Decision rationale: As indicated in the progress notes reviewed, the acromioclavicular joint was resected at the time of the arthroscopic surgery. As such, there is no objectification of an inflammatory process, which would be necessary for the continued use of the medication. This is a nonselective, anti-inflammatory medication which has some indication, however when noting the surgery completed and the range of motion reported, tempered by the physical examination findings and the parameters noted in the MTUS Guidelines, there is no clinical indication for the continued use of this medication. As such, the request is not medically necessary.

Prilosec #30: 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 Page(s): 68.

Decision rationale: This is a proton pump inhibitor indicated for the treatment of gastroesophageal reflux disease or considered a protector for those individuals utilizing non-steroidal medications. In this case, there are no abdominal complaints, indicators of gastritis or other gastrointestinal disease and the need for additional nonsteroidals has not been established. Furthermore, there were no complaints offered or clinical indication for the use of this medication. Therefore, when noting the parameters outlined in the MTUS Guidelines, tempered by the physical examination findings, the request is not medically necessary.

Biofreeze Roll on #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: This topical preparation is not indicated 8 months after the date of injury. The physical examination indicates increasing range of motion and there was a positive response to the injection completed. Therefore, when considering the parameters outlined in the MTUS Guidelines, tempered with the findings noted in the physical examination, the request is not medically necessary.

Lidoderm patch 5% #30: 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 Page(s): 56.

Decision rationale: When noting the reported mechanism of injury, the pathology objectified, the surgical treatment rendered and that there is no objectification of a neuropathic pain lesion, post-herpetic neuralgia or any chronic neuropathic pain disorder; there is insufficient clinical data presented to support a medical necessity for this topical application. Therefore, when noting the parameters outlined in the MTUS Guidelines, tempered by the physical examination, this request is not medically necessary.