

Case Number:	CM14-0041279		
Date Assigned:	07/11/2014	Date of Injury:	04/08/2010
Decision Date:	09/08/2014	UR Denial Date:	03/31/2014
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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with cumulative trauma at work, first claimed on April 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated March 31, 2014, the claims administrator approved a physiatry referral, denied topical Terocin, partially certified a request for tramadol, denied a request for Naprosyn, approved a request for Protonix, denied a hot and cold wrap, and denied an MR arthrogram. The claims administrator stated that there is no evidence of conservative treatment having been failed in its rationale to deny the MR arthrogram. Somewhat incongruously, the claims administrator apparently approved the request for an inguinal hernia repair despite stating that the applicant already had a clinically evident hernia. The claims administrator, in its Utilization Review Report, did reference a March 20, 2014 office visit in which the applicant presented complaining of low back, neck, and shoulder pain. The applicant reportedly had decreased range of motion about the shoulder. MR arthrography had apparently been endorsed to evaluate for possible rotator cuff tear. The applicant's attorney subsequently appealed, in a letter dated April 7, 2014. However, the applicant's attorney did not attach any clinical progress notes to the request for authorization. Thus, the Independent Medical Review packet comprised of the Independent Medical Review application, the Utilization Review Report, and the applicant's attorney's letter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." No rationale for selection and/or ongoing usage of Terocin was proffered by the attending provider. Again, no clinical progress notes were incorporated into the Independent Medical Review packet. Therefore, the request is not medically necessary.

Tramadol ER 150 mg. #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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status, functional status, and response to ongoing usage of tramadol have not been clearly outlined by the attending provider, claims administrator, and/or applicant's attorney. No rationale for selection and/or ongoing usage of tramadol was proffered. Again, no clinical progress notes were attached to the request for authorization or to the application for Independent Medical Review. Therefore, the request is not medically necessary.

Naproxan Na 550 mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Back Pain- Chronic low back pain".

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic., MTUS 9792.20f Page(s): 22,7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, no clinical progress note was incorporated into Independent Medical Review packet. The applicant's attorney did not outline the presence of functional improvement as defined in MTUS 9792.20f through ongoing usage of Naprosyn. Neither the applicant's attorney nor the attending provider stated how (or if) Naprosyn had been beneficial here. Again, no clinical progress notes were incorporated in the Independent Medical Review Packet. Therefore, the request was not medically necessary.

Hot and Cold Wrap: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-3, page 204.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, page 204, at-home local applications of heat and cold are recommended as part and parcel of symptom control for applicants with shoulder complaints. The proposed hot and cold wrap being sought by the attending provider seemingly represents a high-tech heating and/or cooling device which is not, by implication, supported by ACOEM. No narrative commentary or progress note was attached which would detail what precisely the device in question represents. Therefore, the request is not medically necessary.

MRI Arthrogram Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that one of the primary criteria for ordering imaging studies is clarification in anatomy prior to an invasive procedure, in this case, however, there was no explicit mention of the applicant's actively considering or contemplating any kind of invasive or surgical procedure involving the shoulder. No rationale for pursuit of the MR arthrogram in question was proffered by the attending provider or applicant's attorney. Again, no clinical progress notes were incorporated into the Independent Medical Review packet. Therefore, the request is not medically necessary.