

Case Number:	CM14-0053284		
Date Assigned:	07/07/2014	Date of Injury:	05/26/2006
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/21/2014

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 records presented for review indicate that this 58-year-old individual was reportedly injured on May 26, 2006. The mechanism of injury was noted as a fall while pole vaulting. The most recent progress note, dated May 16, 2014, indicated that there were ongoing complaints of right shoulder pain. A chiropractic evaluation was completed and ultrasound therapy was performed. However, the pain was rated at 0/10. The most recent physician progress note was dated May 7, 2014 and improvements of the right shoulder were noted. The physical examination demonstrated a 5'9, 162 pound individual who was alert and oriented. The surgical incisions were noted to be clean, dry without erythema or ecchymosis. There was tenderness to palpation about the entire shoulder. No ranges of motion values were reported, strength was noted to be 4/5 and sensation was intact. Deep tendon reflexes were also noted to be intact. The diagnostic imaging studies were not reviewed. A previous treatment included shoulder surgery and treatment for deep vein thrombosis, postoperative rehabilitation and chiropractic care. A request was made for multiple medications and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4 oz. #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Capsaicin, topical; Lidocaine, topical; Salicylate topicals; Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009 Page(s): 56.

Decision rationale: When noting the most recent progress note, the indication that the pain levels were described by the injured employee 0/10, the ongoing chiropractic care, and that there was no objectification of a neuropathic lesion, the medical necessity for this preparation is not established according to the progress notes reviewed. As outlined in the California Medical Treatment Utilization Schedule, the indication for this medication is post-herpetic neuralgia or painful diabetic neuropathy. Neither is noted to be present. Therefore, without objectification of a neuropathic pain lesion and given the parameters noted in the California Medical Treatment Utilization Schedule, there is no medical necessity established for this preparation.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors; Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), gastrointestinal symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26: (Effective July 18, 2009) Page(s): 68.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is designed for those who have a diagnosis of gastroesophageal reflux disease, or require a protectorate from non-steroidal medications. In as much as this individual does not offer any complaints relative to the gastrointestinal tract, and there is no indication of the other maladies being present, when taken with the parameters noted in the California Medical Treatment Utilization Schedule, there is no clear medical necessity established for the ongoing use of this medication.

Hydrocodone/APAP (acetaminophen) 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; When to Discontinue Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings on physical examination, the lack of any objective data to suggest that this medication is having any efficacy or utility or otherwise ameliorating the symptomology relative to low back complaints; tempered by the parameters outlined in the California Medical Treatment Utilization Schedule that this medication is for the short-term management of moderate to severe breakthrough pain

and seeing that non has been established in the progress notes presented for review, the medical necessity for this medication has not been established.