

Case Number:	CM14-0063115		
Date Assigned:	07/11/2014	Date of Injury:	04/09/2012
Decision Date:	09/09/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/06/2014

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 Geriatrics, and is licensed to practice in New York. 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 54 year old man with a date of injury of 4/9/12. He was seen by his primary treating physician on 4/25/14 with complaints of continuation of right shoulder pain, neck pain, anterior chest pain and axillary rib pain. His medications were said to help and he was sleeping better. His physical exam showed tenderness over the right sternocleidomastoid, pectoralis, intercostal and trapezius muscles and over the anterior glenohumeral joint. He had a positive O'Brien's test and impingement sign. His lateral epicondyl was also tender. His diagnoses included SLAP lesion of right shoulder, impingement syndrome and restriction of range of motion of right shoulder, chronic straining with cervical myofasciitis, inferior shoulder strain and rib contusion and lateral epicondylitis complex, inflammatory in nature. The note indicates that he is status post surgery with non-healing. At issue in this review is the refill of Clinoril. His other medications include Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Clinoril 150mg tablets, with 2 refills, related to right shoulder injury/symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This 54 year old injured worker has chronic left shoulder and neck pain with tenderness to palpation and impingement noted on physical examination. His medical course has included numerous treatment modalities including surgery and ongoing use of several medications including narcotics and NSAIDs. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status to justify ongoing use. He is also receiving opioid analgesics and the Clinoril is not supported as medically necessary.