

Case Number:	CM14-0078060		
Date Assigned:	07/18/2014	Date of Injury:	05/30/2003
Decision Date:	08/25/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/28/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 53-year-old female with a date of injury of 05/30/2003. The listed diagnoses per [REDACTED] are: 1. Diabetes. 2. Chronic bilateral carpal tunnel syndrome. 3. Chronic bilateral shoulder impingement with lack of range of motion of bilateral shoulders with overlapping cervical radiculitis. 4. Chronic cervical pain. 5. Chronic depression. 6. Chronic bilateral ulnar nerve entrapment at the elbows. 7. Status post gynecological surgery, 2005. 8. Chronic intractable pain requiring narcotic medication. 9. Chronic bilateral TMJ syndrome. 10. Intermittent swelling of upper extremity of unknown etiology. 11. Chronic headaches. According to progress report on 04/02/2014 by [REDACTED], the patient presents with continued neck and bilateral shoulder pain. She states pain has increased pain in her neck and shoulders because she feels her examination with [REDACTED] was too aggressive. Examination revealed abduction of the right shoulder is 45 degrees, extension is 5 degrees, flexion is 45 degrees in the right shoulder, and abduction of the left shoulder is 30 degrees. The patient reports numbness and tingling in both hands with increased symptoms with positive Tinel's sign. The treater is requesting a right shoulder MRI scan due to patient's increased pain. The treater is also requesting medication refill of Fioricet #60. Utilization review denied the request on 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with increase in right shoulder pain. The treater states she has increase in pain after an evaluation with another treating physician. The treater is requesting an MRI of the right shoulder stating she has lost range of motion. Utilization review denied the request stating there is no documentation noting x-ray findings, and there is no documentation of a recent comprehensive conservative treatment trial/failure. In this case, review of the medical file which includes reports from 10/13/2013 to 04/02/2014 does not indicate the patient has had a prior MRI of the shoulder. ACOEM Guidelines has the following regarding shoulder MRIs on page 207-208: Routine testing, laboratory tests, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. In this case, given the patient's complaints of increasing pain, documentation noting decreased range of motion and positive impingement, recommendation is for approval.

Fioricet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

Decision rationale: This patient presents with increase in right shoulder pain. The treater is requesting Fioricet #60. For barbiturate-containing analgesic agents, the MTUS Guidelines do not recommend for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important and has been of analgesic efficacy of BCAs due to barbiturate constitutes (meclizine 2000). There is a risk of medication overuse as well as rebound headache. The requested Fioricet is not medically necessary.