

Case Number:	CM14-0086886		
Date Assigned:	07/23/2014	Date of Injury:	06/07/2000
Decision Date:	09/11/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 Illinois. 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 male who reported an injury on 06/07/2000. The mechanism of injury involved a fall. The current diagnosis is supraspinatus tendinitis. The injured worker was evaluated on 03/12/2014 with complaints of persistent left shoulder pain. Previous conservative treatment includes cortisone injections, physical therapy and medications. Physical examination on that date revealed 90 degree forward elevation, 30 degree external rotation, diminished supraspinatus strength, and intact sensation. The injured worker was administered a corticosteroid injection on that date. Treatment recommendations included continuation of the current medication regimen and home exercise program. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management Evaluation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines State of Colorado Department of Labor and Employment Page 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker has been previously treated with physical therapy, medications, and cortisone injections. The injured worker continues to report persistent left shoulder pain. The medical necessity for a pain management evaluation has been established. However, the current request for an evaluation and treatment cannot be determined as medically appropriate, as any treatment following the initial evaluation would require separate review. As such, the request is not medically necessary.

1 Prescription of Dilaudid 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is non-certified.

1 Prescription of Nexium 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients in intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. As such, the request is not medically necessary.

1 Prescription of Ambien 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia. There is also no frequency listed in the request. As such, the request is not medically necessary.

1 Psychologist evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The injured worker does not present with any psychological complaints. There is no psychological examination provided for this review. The current request for an evaluation and treatment is not medically appropriate, as any treatment following the initial evaluation would require separate review. As such, the request is not medically necessary.