

Case Number:	CM14-0116209		
Date Assigned:	08/04/2014	Date of Injury:	01/25/1998
Decision Date:	03/24/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male who sustained an industrial injury on 1/25/1998. He has reported left shoulder pain. The diagnoses have included left rotator cuff tear. Treatment to date has included arthroscopic rotator cuff repair with debridement and subacromial decompression on 4/3/2014, physical therapy, home exercises and medication management. Currently, the IW complains of shoulder pain. On 7/14/2014, Utilization Review non-certified a retrospective review of medication refill, noting the medication to be refilled was not specified. The MTUS and ACOEM Guidelines were cited. On 7/20/2014, the injured worker submitted an application for IMR for retrospective review of medication refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request : Refill of Unknown medications: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: The MTUS Guidelines explain that the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. If the physician prescribes a medication for an indication not in the approved FDA labeling, he or she has the responsibility to be well informed about the medication and that its use is scientific and evidence-based. When effective, medications provide a degree of analgesia that permits the patients to engage in rehabilitation, improvement of activities of daily living, or return to work. The injured worker is noted to be on multiple medications. This request is for refill of medications, however, the specific medications, dosing, frequency and indications are not reported or discussed. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The Retrospective request: Refill of Unknown medications is determined to not be medically necessary.