

Case Number:	CM14-0186519		
Date Assigned:	11/14/2014	Date of Injury:	05/07/2012
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of May 7, 2012. A Utilization Review dated October 30, 2014 recommended non-certification of 1 prescription of [REDACTED] patches #60 between 10/15/2014 and 12/28/2014. A PR II Report dated October 15, 2014 identifies Present Complaints of chronic neck pain, headaches, and pain in the left sternoclavicular joint in her shoulder. Physical Examination identifies neck range is mildly limited in all planes. Cervical compression is painful. Right shoulder positive impingement sign; mild crepitus on circumduction. Left shoulder tenderness over the subacromial with limited range of motion in all planes. There is positive impingement as well. There is a palpable lump over the sternoclavicular joint on the left with some crepitus noted on circumduction and to palpation of the joints passively. Impression identifies bilateral tendinopathy in both shoulders with sprain/strain injuries with AC joint arthritis and sternoclavicular joint involvement with subluxation of the joint on the left side, history of cervical sprain/strain with underlying spondylosis, post-traumatic stress disorder, headaches, and carpal tunnel syndrome bilaterally, and dyspepsia from medications. Treatment identifies [REDACTED] heat patches for localizing pain apply 2 patches daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; Cold/Heat Packs.

Decision rationale: Regarding the request for [REDACTED] patches #60, Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested [REDACTED]. In the absence of clarity regarding those issues, the currently requested [REDACTED] patches #60 are not medically necessary.