

<b>Case Number:</b>	CM14-0202905		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 41 year old male with an injury date of 02/21/14. Based on the 10/14/14 progress report provided by treating physician, the patient complains of right shoulder and low back pain rated 8/10. Physical examination to the right shoulder revealed tenderness to palpation to the AC joint, subacromial space, levator scapula, supraspinatus and trapezius muscles. Trigger points noted at the rhomboid muscles. Range of motion was decreased, especially on internal rotation 40 degrees. Positive, Neer's, Hawkin's, Jobe's and Speed's tests. Examination of the lumbar spine revealed tenderness to the paraspinal muscles, quadratus lumborum and lumbosacral junction. Range of motion was decreased, especially on extension 15 degrees. Patient's medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream, per progress reports dated 09/16/14 and 10/14/14. Diagnosis 09/16/14, 10/14/14- headaches- right shoulder sprain/strain- right shoulder tendonitis- right shoulder bursitis- right shoulder AC arthrosis- low back pain- lumbar spine sprain/strain- lumbar spine disc displacement HNP- lumbar radiculopathy- anxiety disorder- mood disorder- sleep disorder- stress The utilization review determination being challenged is dated 11/05/14. Treatment reports were provided from 09/16/14 - 10/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication oral suspensions 5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Section 4610.5 Section 4610.5

**Decision rationale:** The patient presents with right shoulder and low back pain rated 8/10. The request is for medical oral suspension 5. Patient's diagnosis on 09/16/14 and 10/14/14 included right shoulder tendinitis, bursitis, AC arthrosis; and lumbar spine sprain/strain with disc displacement herniated nucleus pulposus. Patient's medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream, per progress reports dated 09/16/14 and 10/14/14. Section 4610.5 is added to the Labor Code, to read: (2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27. (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service. (C) Nationally recognized professional standards. (D) Expert opinion. (E) Generally accepted standards of medical practice. (F) Treatments that is likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. Provider has not provided reason for the request, nor indicated medications being requested. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, including the ingredients of the requested medications. The request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations. Medical necessity for the request cannot be established; therefore the request is not medically appropriate.