

Case Number:	CM15-0102086		
Date Assigned:	06/04/2015	Date of Injury:	02/15/2014
Decision Date:	07/27/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, New York, 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 applicant is a represented 34-year-old who has filed a claim for chronic shoulder and hand pain reportedly associated with an industrial contusion injury of February 15, 2015. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve requests for prednisone and Mobic. The claims administrator referenced a progress note dated May 6, 2015 in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant reported ongoing complaints of shoulder, hand, and neck pain getting probably worse. The applicant's pain complaints were scored as severe. The applicant was on Tylenol, an unspecified anti-inflammatory, Prilosec, and other unspecified pain medications, it was reported on the current medications sections of the note. The applicant's BMI was 30. No significant swelling was appreciated about the shoulder. The applicant was given diagnosis of shoulder bursitis and acromioclavicular arthritis. Both prednisone and Mobic were endorsed, seemingly on a first-time basis. Somewhat incongruously, the attending provider stated that he intended for the applicant to employ oral Mobic and then employ prednisone if oral Mobic proved ineffectual. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The attending provider did state in some sections of the note that the applicant was given an injection, although it was not clear whether this was done on this visit or on a previous visit. The applicant did exhibit limited shoulder range of motion with flexion to 90 degrees. The applicant was given operating diagnoses of subacromial bursitis and acromioclavicular joint arthritis. In a physical therapy progress note dated June 30, 2015, it was acknowledged that the applicant was not working. Multiple other progress notes failed to outline the applicant's complete medication list, including progress notes of June 24, 2015 and April 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone tablet 10mg, #42 (2 tablets by mouth, in the morning, in the afternoon and in the evening for the first 2 days, then tapering down 1 tablet every 2 days, 12 days): 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-TWC), Pain Chapter, Oral corticosteroids; ODG-TWC, Low Back Chapter, Oral corticosteroids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Shoulder Disorders, pg. 84.

Decision rationale: No, the request for prednisone, an oral steroid, is not medically necessary, medically appropriate, or indicated here. While the MTUS, including the MTUS Guideline in ACOEM Chapter 9, do not specifically address the topic of oral steroids for the shoulder, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should tailor medications and dosages to the specific applicant taking into consideration application-specific variables such as other medications. Here, however, the attending provider's progress note of May 6, 2015 was quite difficult to follow and did not clearly state why the applicant was given concomitant prescriptions for prednisone and Mobic, an anti-inflammatory medication. The attending provider also suggested, in another section of the note, that the applicant was given a shoulder corticosteroid injection. While it was not clear whether this injection occurred on this particular visit or on a historical visit, the attending provider nevertheless failed to set forth a clear or compelling case for provision of prednisone here. The Third Edition ACOEM Guidelines Shoulder Chapter notes that oral steroids are used infrequently to treat rotator cuff tendinopathies, as subacromial injections are normally utilized for this purpose. While ACOEM, Third Edition, does note that it may be reasonable to use oral steroids in applicants who decline an injection but continue to have an inadequate result with NSAIDs and exercise, here, however, the attending provider stated on May 6, 2015 that he was starting Mobic, an NSAID medication, for the first time, seemingly obviating the need for oral prednisone. Therefore, the request is not medically necessary.

Mobic tablet 15mg, #30 with 2 refills (1 tablet by mouth 1 time per day, 30 days): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Conversely, the request for Mobic, an anti-inflammatory medication, is medically necessary, medically appropriate, and indicated here. The request was framed as a first-time request for Mobic, introduced on an office visit dated May 6, 2015. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Mobic do represent the traditional first-line treatment for various chronic pain

conditions. The MTUS Guideline in ACOEM Chapter 9, page 212 also notes that NSAIDs such as Mobic are "recommended" in the management of shoulder pain complaints, as were/are present here. Introduction of Mobic was, thus, indicated on or around the date in question, given the applicant's continuing shoulder pain complaints. Therefore, the first-time request for Mobic is medically necessary.