

Case Number:	CM15-0132305		
Date Assigned:	07/20/2015	Date of Injury:	08/19/2014
Decision Date:	08/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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: Connecticut, California, Virginia
 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 52 year old male, who sustained an industrial injury on 8/19/2014. Diagnoses have included cervical degenerative disc disease. Treatment to date has included physical therapy. According to the progress report dated 2/18/2015, the injured worker complained of neck pain. He reported minimal improvement with physical therapy. Physical exam revealed tenderness to palpation over the paracervical region. Authorization was requested for pain management consult, right shoulder subacromial injection and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the provided records provide very little information, and lack valuable physical exam findings to clarify the clinical picture. As the patient has not notably failed initial modalities, it is unclear as to why consultation for pain management is being requested. Therefore, the request is not considered medically necessary at this time.

Right shoulder subacromial injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Shoulder, Criteria for Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, steroid injections.

Decision rationale: The ODG guidelines provide a detailed mechanism with which to evaluate for corticosteroid injections of the shoulder. Criteria for injections include: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. Overall in this case, the provided documents indicate that the patient has pain in the shoulder, but it is unclear whether or not the patient has failed conservative treatment and what shoulder diagnosis the patient is actually carrying. Therefore, it cannot be determined that the patient meets the criteria set by the guidelines and it cannot be determined that the request is medically necessary at this time without increased clarity in the diagnosis and clinical presentation.

Pharmacy purchase of Motrin 800mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: Utilization of maximum (800mg) dosing of ibuprofen in chronic pain is concerning when considering use of NSAIDs, and according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular

risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, utilization review has reasonably modified the request for Motrin 800mg tablets in order to facilitate documentation of clear efficacy. Due to lack of clarity/legibility of provided notes, and little explanation for the value of max dose ibuprofen in this case, the request is not considered medically necessary without further clarification.