

Case Number:	CM14-0119136		
Date Assigned:	08/06/2014	Date of Injury:	07/15/2012
Decision Date:	10/23/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/29/2014

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 Medicine 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 records presented for review indicate that this 57-year-old female was reportedly injured on July 15, 2012. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of left shoulder pain to the left side of the neck. Current medications include naproxen, naproxen, venlafaxine, and clonidine. The physical examination demonstrated that the injured employee was tearful. There was decreased range of motion of the left shoulder. Recent diagnostic imaging studies were not available. Previous treatment includes left shoulder steroid injections, physical therapy, a left shoulder arthroscopy, a mobilization under anesthesia, physiotherapy, and oral medications. A request had been made for capsaicin cream, Diclofenac sodium, and Prozac and was deemed not medically necessary in the pre-authorization process on July 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112, 113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines topical capsaicin is only recommended as an option in patients with not responded or are intolerant other treatments. The most recent progress note, dated June 24, 2014, does not indicate that the injured employee meets these criteria. As such, this request for topical capsaicin is not medically necessary.

Diclofenac sodium 1.5% 60mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonsteroidal anti-inflammatory drug (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 OF 127.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The most recent progress note dated June 24, 2014, does not indicate that there is decreased pain or increased ability to function with the usage of naproxen. As such, this request for naproxen is not medically necessary.

Fluoxetine-Prozac 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 & 107 of 127..

Decision rationale: A review of the attached medical record indicates that the injured employee has been diagnosed with depression, however the the progress note dated June 17, 2014, states that the injured employee had side effects with the usage of venlafaxine which affected her train of thought and ability to work. As such, this request for venlafaxine is not medically necessary.