

Case Number:	CM14-0146821		
Date Assigned:	09/25/2014	Date of Injury:	05/19/2008
Decision Date:	10/27/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 54-year-old male with an injury date of 05/19/2008. According to the 06/18/2014 progress report, the patient complains of having left shoulder pain which he rates as a 6/10 and right shoulder pain which he rates as a 2/10. The patient also has improving abdominal pain with change of diet. He reports alternating diarrhea/constipation. The 05/29/2014 report states that the patient has pain radiating down his shoulder, arm, elbow, and fingers on the left side, which is accompanied with tingling/numbness in his left upper extremity. The pain worsens with repetitive hand/arm movement, but is alleviated with medications, injections, and physical therapy. In regards to the cervical spine, there is tenderness to palpation with hypertonicity over the paravertebral muscles of the cervical spine. The patient has a limited range of motion. The patient also has a positive foraminal compression test and a positive shoulder depression test bilaterally. The 06/06/2014 MRI of the lumbar spine revealed the following: posterior annular tear and protrusion at L5-S1 causing mild overall central canal stenosis; right paracentral protrusion at L4-L5 with mild facet arthropathy but no significant central canal or foraminal stenosis; and tiny right paracentral protrusion at L3-L4 with slight impression on the thecal sac and no evidence for central canal or foraminal stenosis. The patient's diagnoses include the following: abdominal pain; acid reflux; constipation/diarrhea; rule out hypertension; and hepatic steatosis. The utilization review determination being challenged is dated 08/01/2014. Treatment reports were provided from 02/13/2014 - 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation: Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Oral corticosteroids

Decision rationale: According to the 06/18/2014 progress report, the patient complains of having left shoulder pain and right shoulder pain. The request is for Medrol Dose Pack. The report with the request was not provided. ODG guidelines state, "not recommended for chronic pain. There is no data on efficacy and safety of systemic corticosteroids and chronic pain, so given the serious adverse effects, they should be avoided. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long term use, and Medrol (methylprednisolone) tablets are not approved for pain." Due to lack of support from ODG guidelines, this request is not considered medically necessary.

Motrin 800mg, one by mouth twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: According to the 06/18/2014 progress report, the patient complains of having both left shoulder pain and right shoulder pain. The request is for Motrin 800mg, 1 by mouth twice a day, #60. None of the reports provided discussed when the patient began taking Motrin or any effect Motrin may have had on the patient's pain and function. MTUS guidelines support NSAIDs for neuropathic pain with mixed conditions. There is no indication of when the patient began taking Motrin, nor is there any discussion provided regarding medication efficacy. MTUS page 60 requires documentation of function and pain when medications are used for chronic pain. Given the lack of documentation of efficacy, this request is not considered medically necessary.