

Case Number:	CM15-0005111		
Date Assigned:	01/16/2015	Date of Injury:	05/03/2013
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old female was injured 5/3/13 while transporting gurneys in a hospital. She has had prior injury to left ankle. She initially complained of right shoulder pain with occasional radiation to the right arm and burning and numbness in hands. Currently she is experiencing cramping, throbbing, shooting, achy, burning pain in the right neck and shoulder regions. Pain is described as medium in intensity (4-8/10). Medications are naproxen, topiramate and omeprazole. Diagnosis is impingement, right shoulder. Treatments were steroid injection right shoulder that offered temporary relief; prednisone relieved burning and numbness; transcutaneous electrical nerve stimulator unit and home exercise program. Diagnostic studies were radiographs of the right shoulder (6/13); thoracic spine radiograph; electromyography/ nerve conduction study right and left upper extremity unremarkable; MRI right shoulder (12/13). The treating physician requested fenoprofen 400 mf 1 to 2 tablets twice per day # 120 and transcutaneous electrical nerve stimulator patches X2. On 12/23/14 Utilization Review non-certified the above requests citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fenoprofen 400mg 1-2 tabs BID no. 120 (2 bottles of no. 60) (DOS: 12/02/14): Upheld

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

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

Decision rationale: The patient presents with cramping, throbbing, shooting, achy, burning pain in the right neck and shoulder regions. The current request is for retrospective Fenoprofen 400mg 1-2 tabs BID no. 120 (2 bottles of no. 60) (DOS: 12/02/14). The treating physician requesting report is not provided in the documentation for review, but according to the UR determination letter the patient complains of pain in the right shoulder and bilateral wrists rated 4/10. The MTUS guidelines state that NSAIDs are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain." However, in this case, the treating physician has not provided documentation of pain and function as required on page 60 of MTUS for the treatment of chronic pain. The current request is not medically necessary and the recommendation is for denial.

Retrospective request for Tenspatch x 2 pairs (DOS: 12/04/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The patient presents with cramping, throbbing, shooting, achy, burning pain in the right neck and shoulder regions. The current request is for retrospective Tenspatch x 2 pairs (DOS: 12/04/14). The treating physician requesting report is not provided in the documentation for review, but according to the UR determination letter the patient complains of pain in the right shoulder and bilateral wrists rated 4/10. The MTUS guidelines state that "a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, according to the UR determination letter the patient has used the TENS unit for over a year with no diary of unit use with outcomes in terms of pain relief and function. The patient is currently unemployed and no objective evidence of functional benefit is provided. The current request is not medically necessary and the recommendation is for denial.