

Case Number:	CM15-0174454		
Date Assigned:	09/16/2015	Date of Injury:	01/18/2013
Decision Date:	10/19/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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

Certification(s)/Specialty: Emergency 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 58 year old male who sustained an industrial injury on 1-18-13. Progress report dated 7-27-15 reports continued complaints of pain in his right shoulder. The pain is constant and appears to be drooping more than the left. He has muscle spasm involving the neck. Pain medication reduces the pain down to a 4 out of 10 from 8 out of 10. The pain today is stated as 9 out of 10. Diagnoses: pain in joint shoulder, derangement of joint, chronic pain and lumbago. Plan of care includes: request figure 8 shoulder sling, prescriptions given for Norco, Cymbalta, Flexeril and Naprosyn, dispensed Dendracin lotion and educational materials dispensed. Return to full duty on 7-27-15. Return to clinic in 1 week for injury and 4 weeks for follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Dendracin Lotion 120 ml (DOS- 7/27/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker has pain in his right shoulder. The pain is constant and appears to be drooping more than the left. He has muscle spasm involving the neck. Pain medication reduces the pain down to a 4 out of 10 from 8 out of 10. The pain today is stated as 9 out of 10. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Retrospective Dendracin Lotion 120 ml (DOS- 7/27/2015) is not medically necessary.

Retrospective purchase of educational materials (Supplies; DOS- 7/27/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Education.

Decision rationale: The injured worker has pain in his right shoulder. The pain is constant and appears to be drooping more than the left. He has muscle spasm involving the neck. Pain medication reduces the pain down to a 4 out of 10 from 8 out of 10. The pain today is stated as 9 out of 10. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented specific details of requested educational materials nor their medical necessity. The criteria noted above not having been met, Retrospective purchase of educational materials (Supplies; DOS- 7/27/2015) is not medically necessary.