

Case Number:	CM13-0002211		
Date Assigned:	03/03/2014	Date of Injury:	07/09/2004
Decision Date:	04/02/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medical and Rehabilitation 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 Physician 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:

All information was obtained from the [REDACTED] claim notes as that was the only thing provided. The patient is a 60-year-old male who was injured on 07/09/2004 who developed left shoulder pain with repetitive use of his left arm. Prior treatment history has included physical therapy, steroid injections, and medications. The patient underwent a left shoulder arthroscopy and acromioplasty with limited debridement, glenohumeral joint, "mini open", Left rotator cuff repair on 03/04/2005. He underwent a right shoulder arthroscopy, rotator cuff repair, and acromioplasty on 10/14/2005. X-rays that revealed slight narrowing of the AC joint with mild irregularity of the greater tuberosity. MRI of the right shoulder performed 09/21/2005 revealed high grade partial thickness rotator cuff tear at the attachment of the supraspinatus tendon of the humerus, with a possible full thickness component. Nerve conduction study performed 04/26/2007 indicated cervical radiculopathy most likely at C8 and T1 bilaterally. A clinic note dated 06/06/2013 documented the patient to have complaints of left-sided neck pain and left shoulder pain with forward flexion, extension, external rotation, and internal rotation; positive impingement test; tenderness and spasming in the left trapezius and left paracervical muscles, cervical range of motion was decreased and no other physical exam findings were listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG #30 X2 EVERY 4 to 6 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): s 75-91.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, Vicodin is a short-acting opioids also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. There are often used for intermittent or breakthrough pain. Further guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse effects, and aberrant drug-taking behaviors.). In this case, this patient continues to have chronic pain but there is no documentation of objective functional improvement, reduction in pain level, or increased functional activities have been achieved with this use of this medication. Guidelines recommend a use of drug screening is recommended for issues of abuse, addiction, or poor pain control. There is lack of such documentation upon reviewing records. Thus, the request for Vicodin is non-certified. Guidelines also recommend slow tapering/weaning process for the individuals having long-term opioids use due to risk of withdrawal symptoms.

IBUPROFEN 600MG # 60 X 2 ONE EVERY 6 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): s 67-73.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, NSAIDs is recommended as an option for short-term symptomatic relief. Further guidelines indicate that long-term use of Ibuprofen may not be warranted because of potential side effects involving gastrointestinal, renal, and cardiac systems. This patient has a past medical history significant for hypertension. Guidelines also indicate sufficient clinical improvement should be observed to offset potential risk of treatment with all NSAIDs medications. The submitted medical records did not contain adequate documentation of analgesic efficacy with use of this medication to support the request. Therefore the request is non-certified.

OMEPRAZOLE 20MG # 30 X 2 TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section (NSAIDs) non-steroidal anti-inflammatory drugs, GI symptoms & cardiovascular risk Page(s).

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, Omeprazole is a proton pump inhibitor recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Long-term PPI use (1 year) has been shown to increase the risk of hip fracture. In this case, this patient has been prescribed Ibuprofen (NSAIDs); however, there is no documentation of subjective or objective findings of GI (gastrointestinal) events, abdominal pain, or ulcers to support the use of this medication. Thus, the request for Omeprazole 20 mg #30 2 times a day is not medically necessary and is non-certified.

THERAMINE X #90 ONE TWICE A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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), Medical Food

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence Official Disability Guidelines (ODG) have been consulted. As per ODG, Theramine® is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Further guidelines indicate medical food is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. In this case, this patient appears to have chronic neck and shoulder pain. Medical records provided did not document a specific rationale or what specific nutritional requirement is needed to support the use of Theramine. The request is not medically necessary and appropriate and hence it is non-certified.

GABADONE # 60 x 2 TWICE A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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), Medical Food.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence Official Disability Guidelines (ODG) have been consulted. As per ODG, GABADONE® is a medical food that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep

disorders. Further guidelines indicate medical food is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. In this case, this patient appears to have chronic neck and shoulder pain. Medical records provided did not document a specific rationale or what specific nutritional requirement is needed to support the use of Gabadone. The request is not medically necessary and appropriate and hence it is non-certified.