

Case Number:	CM13-0009171		
Date Assigned:	09/16/2013	Date of Injury:	12/29/2001
Decision Date:	04/21/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

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 Medicine and Rehabilitation and is licensed to practice in Oklahoma, Texas. 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.

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 53-year-old male who reported an injury on 12/29/2001. The patient sustained his injuries while performing his usual and customary activities of moving furniture for the affordable moving company. The patient initially showed evidence of herniated discs at L4-5 and L5-S1 and also had evidence of right shoulder internal derangement. The most current documentation is dated 07/24/2013 where upon the patient states his back and shoulder pain was a 9/10 'all of the time', and has referred pain from the shoulder to his neck which is stated to be about 7/10. Medications do help decrease his pain about 2 levels, and he is concerned about his interferential unit which he had not yet received. On physical examination, the patient was noted to have pain around the rotator cuff and under the acromion. There is also crepitus with passive range of motion and a popping in the right shoulder. The patient has pain on the supraspinatus muscle and infraspinatus muscle as well as the right rhomboids. The patient was negative for Neer's test, Hawkins test, Yergason's test, Speed's maneuver as well as the empty can and Apley's scratch test (which he was only unable to do on the right side).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Right Shoulder, between 6/26/2013 and 9/22/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Regarding the request for 1 MRI of the right shoulder between 06/26/2013 and 09/22/2013, according to Chronic Pain Medical Treatment Guidelines /ACOEM Guidelines, the primary criteria for ordering imaging studies are if there is an emergence of a red flag (including indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (for example cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure (for example a full thickness rotator cuff tear not responding to conservative treatment). According to the documentation, the patient underwent an MRI for the right shoulder on 03/14/2013; however, the most current documentation does not indicate the patient is having any red flag scenarios to warrant a repeat MRI at this time. Official Disability Guidelines was also referred to in this case and it states that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". Although the patient is having pain around the right rotator cuff and under the acromion, there is no significant change in pathology to warrant a repeat MRI at this time. As such, the requested service is non-certified.

1 prescription of Naproxen Sodium 550mg, between 6/26/2013 and 9/22/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for 1 prescription of Naproxen sodium 550 mg between 06/26/2013 and 09/22/2013, according to Chronic Pain Medical Treatment Guidelines, NSAID (non-steroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For patients with chronic low back pain it states that NSAIDs are recommended as an option for short-term symptomatic relief. However, it is suggested and NSAIDs were no more effective than other drugs such as Acetaminophen, narcotic analgesics, and muscle relaxants. In the case of this patient, he has been utilizing Naproxen sodium since at least 02/2013. On the most recent documentation, although the patient states that his medication help to decrease his pain by about 2 levels, he states prior that his back and shoulder pain is 9/10 all of the time. Therefore, the medical necessity for the continuation of Naproxen sodium is unclear. If the patient's pain is 9/10 all of the time, the medication is not providing sufficient pain relief. Therefore, the requested service for Naproxen sodium 550 mg between 06/26/2013 and 09/22/2013 is non-certified.

1 prescription of Omeprazole 20mg, between 6/25/2013 and 9/22/2013: Upheld

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

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

Decision rationale: For the request of Omeprazole 20 mg between 06/26/2013 and 09/22/2013, under Chronic Pain Medical Treatment Guidelines it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor such as Omeprazole. In the case of this patient, there is no documentation indicating the patient has had any form of gastrointestinal events concerning his medication use, nor from prior comorbidities. Therefore, the requested service for Omeprazole 20 mg cannot be considered medically necessary. As such, the requested service is non-certified.

1 prescription of Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Anti-epilepsy drugs (AEDs) Page(s): 60, 16.

Decision rationale: California Medical Treatment Utilization Schedule states anticonvulsants are a first-line treatment for chronic pain. However, California Medical Treatment Utilization Schedule also states continued use of medications should be supported by documentation of pain relief and functional benefit. The clinical documentation submitted for review indicates the patient has been on this medication since at least 02/2013. The patient's most recent clinical documentation indicates the patient has 9/10 pain with no evidence of pain relief. Additionally, the most recent clinical documentation does not provide any evidence that the patient has significant functional increases as result of this medication. Therefore, continued use would not be supported by California Medical Treatment Utilization Schedule. As such, the requested 1 prescription of gabapentin is not medically necessary or appropriate. Therefore, the requested service is non-certified.