

Case Number:	CM13-0014365		
Date Assigned:	06/06/2014	Date of Injury:	09/29/2011
Decision Date:	07/11/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/20/2013

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 injured worker is a 51-year-old male who is reported to have sustained injuries to his right shoulder as a result of pulling a pallet jack on 09/29/11. He was initially diagnosed with a shoulder strain and impingement and ultimately underwent a right shoulder arthroscopy on 03/21/12. Postoperatively, he was referred for physical therapy. He was noted to have continued postoperative right shoulder pain. He was later documented as having a positive Tinel's sign over the right cubital tunnel. He is further reported to have stenosis and tenosynovitis of the right long finger with triggering. He is noted to have decreased sensation along the right median nerve with positive Phalen's and Tinel's signs at the carpal tunnel. Current medications include topical Ketoprofen/Lidocaine cream, Norco 10/325mg, Zanaflex 4mg, and Prilosec 20mg. The record includes a utilization review determination dated 10/09/13 in which a request for Norco 10/325mg quantity 90 with one refill, Zanaflex 4mg quantity 90 with one refill, and Prilosec 20mg quantity 30 with one refill was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, QTY: 90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 10/325mg, #90 with one refill is not supported as medically necessary. Per the submitted clinical records, the injured worker sustained an injury to his right shoulder on 09/29/11. He ultimately underwent a right shoulder surgery on 03/21/12 and has continued reports of right shoulder pain. The record indicates that the injured worker is greater than one year postoperative and as such, should not require the continued use of opiate analgesia. It would additionally be noted the record contains no data, which suggests the injured worker has a signed pain management contract, undergoes routine urine drug screens for compliance, or establishes functional improvements as a result of continued use of this medication. As such, the request would not meet CA MTUS for continued use of this medication.

ZANAFLEX 4 MG, QTY: 90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 128.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for Zanaflex 4mg #90 with one refill is not supported as medically necessary. The submitted clinical records indicate the injured worker has chronic postoperative pain status post right shoulder arthroscopy performed on 03/21/12. The record provides no detailed physical examinations, which indicate the injured worker has active myospasms for which this medication would be indicated. It additionally would be noted that CA MTUS does not support the chronic use of muscle relaxants for myofascial pain syndromes. As such, the request does not meet criteria per CA MTUS and medical necessity is not established.

PRILOSEC 20 MG, QTY: 30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for Prilosec 20mg #30 with one refill is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronically been maintained on oral medications. The records provide no data establishing that the injured worker has medication induced gastritis for which this medication would be indicated under ODG and Chronic Pain Treatment Guidelines. As such, the medical necessity of the request is not established.