

Case Number:	CM13-0021304		
Date Assigned:	11/08/2013	Date of Injury:	06/02/2009
Decision Date:	01/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 & 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:

The patient is a 63-year-old female who reported an injury on 06/02/2009. The patient is currently diagnosed with a partial tear of the rotator cuff in the left shoulder, impingement syndrome on the left, adhesive capsulitis on the left, cervical spine sprain with left radiculitis, cervical disc protrusion at C5-6, thoracic spine sprain with right radiculitis, and history of compression fracture. The patient was seen by [REDACTED] on 08/12/2013. The patient reported persistent pain in the left shoulder. Objective findings included limited range of motion and tenderness to palpation. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg, #60 times 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Pain-Herbal medicines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. As per the clinical notes submitted, the duration of Anaprox used to date was not clear. There was no documentation of the patient's response to previous treatment with this medication. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is noncertified.

Biotherm lotion, no amount times 2 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Information regarding evidence of need for the Biotherm topical has not been presented. In addition, information regarding where the topical is to be used is also not provided. Based on the clinical information received, the current request is noncertified.

Prilosec 20 mg, #60 times 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, there was no mention of gastrointestinal events that would warrant the need for a proton pump inhibitor. The patient does not currently meet criteria for the use of a proton pump inhibitor. As such, the request is noncertified.

Ultram 50 mg, #200 times 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9,74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the duration of opiate use to date was not clear. In addition, there was no discussion regarding end points of treatment. Satisfactory response to treatment has not been indicated, a decrease in pain level, increase in function, or improved quality of life. Based on the clinical information received, the request is non-certified.