

Case Number:	CM13-0023501		
Date Assigned:	11/20/2013	Date of Injury:	09/08/2012
Decision Date:	06/30/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 employee is a 62-year-old female who states that he sustained a work related injury to her right shoulder on September 8, 2012. The injured employee works as a bartender and states that it is difficult for her to perform her normal work duties, however the exact mechanism of injury is unknown. The most recent medical record available for review is dated September 26, 2013. Current medications include Naproxen, Pantoprazole, Norco, Tramadol, Lisinopril, and Atenolol. The physical examination of the right shoulder on this date states that range of motion is markedly decreased. There is crepitus in the glenohumeral joint with attempts to passively range the right shoulder. It was stated that the rotator cuff was difficult to assess. X-rays of the right shoulder showed advanced osteoarthritis of the glenohumeral joint. An MRI of the right shoulder showed a possible tear of the supraspinatus tendon but mainly also indicated severe advanced osteoarthritis of the glenohumeral joint. A total shoulder arthroplasty was recommended. The injured employee states that without pain medication or pain is 10/10 and with pain medication is rated at 7/10. Urine toxicology drug screens have been performed. A previous independent medical review dated September 3, 2013 determined non-certification for Protonix, Norco, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF PROTONIX 20MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July).

Decision rationale: While the employee has previously been prescribed Protonix, Norco, and tramadol, medical record does not establish a gastrointestinal need for Protonix. It is assumed that the injured employee had some G.I. upset from taking a prior prescription of Naprosyn. There are no anti-inflammatory medications currently listed among the injured employee's medications. Therefore it is unclear why Printronix is currently prescribed. Without any specific justification for this medication this request for Protonix is not medically necessary.

PRESCRIPTION OF NORCO 10/325MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July).

Decision rationale: The medical record indicates that the injured employee does receive some pain relief from the use of Norco and Tramadol. Urine drug screens have also been performed. It is assumed that the injured employee will soon receive a right shoulder arthroplasty procedure thus alleviating her current pain level. It is medically reasonable and necessary to continue Norco until the surgery is performed.

PRESCRIPTION OF TRAMADOL 37.5/325MG, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July).

Decision rationale: The medical record indicates that the injured employee does receive some pain relief from the use of Norco and Tramadol. Urine drug screens have also been performed. It is assumed that the injured employee will soon receive a right shoulder arthroplasty procedure thus alleviating her current pain level. It is medically reasonable and necessary to continue Norco until the surgery is performed.