

Case Number:	CM13-0024767		
Date Assigned:	11/20/2013	Date of Injury:	06/09/2011
Decision Date:	02/10/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 59-year-old male who reported a work-related injury on 06/09/2011 as result of strain to the bilateral upper extremities. Subsequently, the patient presents for treatment of the following diagnoses: left shoulder impingement syndrome and left shoulder acromioclavicular joint osteoarthritis. The clinical note dated 07/02/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient continues to present with complaints of left shoulder pain and weakness. The patient received cortisone injections which provided him no relief. Upon physical exam of the patient, the provider documented decreased range of motion and weakness, as well as positive impingement signs all consistent with pathology revealed on MRI. The provider documented recommendation for the patient to undergo surgical interventions indicative of an arthroscopic subacromial decompression and distal clavicle excision, as well as medical clearance, postoperative physical therapy, Cyclobenzaprine, Naproxen sodium, Omeprazole, Ondansetron, and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with bilateral upper extremities pain complaints status post sustained a work-related injury in 06/2011. The provider documented administering prescriptions for the patient's medication regimen to include pantoprazole. However, the clinical notes failed to document the patient's reports of gastrointestinal complaints and efficacy with his current medication regimen. Chronic Pain Medical Treatment Guidelines supports the utilization of proton pump inhibitors for patients with complaints of significant gastrointestinal events. Given all of the above, the request for Pantoprazole 20mg, #60 is not medically necessary or appropriate.

Ondansetron ODT 4 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with moderate pain complaints status post a work-related injury sustained in 06/2011. The provider documents the patient is a surgical candidate for his shoulder pathology. The provider documented administering prescriptions for the patient's medication regimen to include Ondansetron. Official Disability Guidelines indicate antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The provider fails to document rationale for the requested medication or efficacy of treatment with utilization of this medication for any gastrointestinal complaints the patient may have. Given all of the above, the request for Ondansetron ODT 4mg, #30 is not medically necessary or appropriate.