

Case Number:	CM13-0029793		
Date Assigned:	11/01/2013	Date of Injury:	05/27/2010
Decision Date:	03/12/2014	UR Denial Date:	08/25/2013
Priority:	Standard	Application Received:	09/27/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of May 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior right shoulder arthroscopic rotator cuff repair surgery; and transfer of care to and from various providers in various specialties; attorney representation; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 25, 2013, the claims administrator denied a request for Omeprazole and Condrolite. The applicant later appealed. An earlier note of July 22, 2013 is notable for comments that the applicant is three days status post shoulder surgery. She is having pain and nausea. The surgical incision lines apparently look clean. The applicant is placed off of work, on total temporary disability. A later note of August 13, 2013 states that the operating diagnosis of right shoulder status post arthroscopic Bankart repair and right knee pain mostly medial and patellofemoral. The applicant is 51 years old, it is stated. An earlier note of October 18, 2012 is notable for comments that the applicant carries a diagnosis of right knee internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO - 1 prescription for Omeprazole 20mg #60 (7/11/13): 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 Page(s): 69.

Decision rationale: While page 69 of the Medical Treatment Utilization Section (MTUS) Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of any active symptoms of reflux, dyspepsia, and/or heartburn, which would make the case for usage of Omeprazole, a proton-pump inhibitor, made on the July 2013 office visit in question. Therefore, the request remains non certified, on independent medical review.

Decision for RETRO - 1 prescription for Condrolite 500/200/150mg #90 (7/11/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Condrolite: Glucosamine (and Chondroitin Sulfate) and NSAID..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: While page 50 of the Medical Treatment Utilization Section (MTUS) Chronic Pain Medical Treatment Guidelines does recommend usage of Condrolite (glucosamine) in the treatment of knee arthritis, in this case, however, the documentation on file does not clearly establish a diagnosis of knee arthritis for which usage of Condrolite (glucosamine) would be indicated. Operating diagnoses set forth by the attending providers include knee pain, patellofemoral pain syndrome, knee contusion, internal derangement, etc. There is no mention or suspicion of knee arthritis for which glucosamine would be indicated. Accordingly, the request remains non certified, on independent medical review.