

Case Number:	CM13-0036980		
Date Assigned:	12/13/2013	Date of Injury:	02/04/2011
Decision Date:	02/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/22/2013

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 Illinois. 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 47-year-old male who reported an injury on 02/04/2011. The patient is currently diagnosed with right shoulder rotator cuff syndrome, right frozen shoulder/adhesive capsulitis, status post right shoulder surgery on 03/23/2013, status post right wrist carpal tunnel release, status post left knee surgery, left knee endstage osteoarthritis, knee medial meniscal tear, right knee internal derangement, and insomnia. The patient was recently seen by [REDACTED] on 11/04/2013. The patient reported 6/10 right shoulder pain and 6/10 left knee pain. Physical examination revealed diminished grip strength on the right, decreased range of motion of the right shoulder, diminished strength, decreased range of motion of bilateral knees, tenderness to palpation with positive crepitus and patellofemoral grind testing, and diminished strength in bilateral lower extremities. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. The patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the clinical documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.

1box of Medrox patches: Upheld

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

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

Decision rationale: The California MTUS Guidelines state 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 documentation submitted, the patient does not maintain a diagnosis of neuropathic pain. There is no evidence of neurologic dysfunction on physical examination. Additionally, there is no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.