

Case Number:	CM13-0039995		
Date Assigned:	12/20/2013	Date of Injury:	05/27/2010
Decision Date:	03/14/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/07/2013

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 Spine Surgery, and is licensed to practice in New York. 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 51 yo female with a doi of May 27,2010. She has had recent shoulder surgery for instability on 7/19/2013. She also has chronic neck pain and cervical strain. She has bilateral chronic elbow epicondylitis and right knee internal derangement. Physical exam shows reduced range of shoulder motion. She has pain in multiple extremity joints to include knee ,shoulder, and both elbows. At issue is whether continued use of specific meds are needed

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300/30 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: The MTUS Guidelines recommend APAP/codeine for short term treatment of severe pain with no more than 2 weeks of use after acute shoulder injury and surgery. Long term use should only be continued if there is documentation of functional improvement as a result of their use. The medical records do not document improvement in pain and functional

use with opioids in this employee. The employee has been taking ultram for one month without documented improvement in pain or function.

Omeprazole DR 20 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI Symptoms & Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk..

Decision rationale: Omeprazole is not appropriate for this employee based on current guidelines which indicate that omeprazole should only be used if the patient is at risk for adverse GI events. The medical records do not indicate that this employee has any risk factors or is at risk for adverse GI event. Criteria not met. .

Ondansetron ODT 8 mg, #20: Upheld

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

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

Decision rationale: Ondansetron is an antiemetic used to treat chronic nausea and vomiting following surgery. The employee does not have a history of chronic nausea and did not have surgery within the past 24 hours. The medicine is not appropriate for this employee.