

Case Number:	CM13-0042522		
Date Assigned:	12/27/2013	Date of Injury:	01/04/2006
Decision Date:	07/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational Medicine and is licensed to practice in Texas. 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 worker is a 63 year old male who sustained an injury on 01/04/06 when he fell injuring the right side of the body including the hip, neck, thoracic spine and low back. The injured worker is noted to have had a prior left shoulder diagnostic arthroscopy with rotator cuff repair and debridement completed in November 2012. Postoperatively the injured worker continued to be followed for severe pain in the left shoulder. The injured worker had been followed for ongoing postoperative left shoulder pain by treating physician. The clinical report from 09/10/13 indicates persistent complaints of pain in the left shoulder rated 8/10 on visual analogue scale (VAS). Physical examination noted decreased range of motion in the left shoulder. Vicodin ES, Medrox cream and omeprazole were all refilled at this evaluation. Urine toxicology screen from 09/13/13 were noted to be inconsistent as hydrocodone was not found. The requested Vicodin ES quantity 30, omeprazole quantity 30 and Medrox cream were all denied by utilization review on 09/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR 30 TABLETS OF VICODIN EXTRA STRENGTH BETWEEN 9/20/13 AND 11/14/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88-89.

Decision rationale: The request for Vicodin ES quantity 30 is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation provided for review did not indicate what specific benefits were being obtained with the continuing use of narcotic analgesics. Per guidelines, there should be ongoing assessments regarding functional benefit and pain reduction obtained with the use of short acting narcotics such as Vicodin. This was not specifically noted in the clinical reports and the injured worker's pain scores were significantly elevated at 8/10 as of the last evaluation available for review. Furthermore, the clinical documentation noted inconsistent urinary toxicology findings as hydrocodone was not found on the test. This was never addressed through the clinical reports. Furthermore, the request is nonspecific in regards to frequency, dose or duration of vicodin. As the clinical documentation submitted for review does not meet guideline recommendations regarding the continuing use of short acting narcotics such as Vicodin, this request would not have been recommended as medically necessary.

PRESCRIPTION FOR 30 CAPSULES OF OMEPRAZOLE BETWEEN 9/20/13 AND 11/04/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

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, Proton Pump Inhibitors.

Decision rationale: In regards to the use of Omeprazole quantity 30, this request would not have been recommended as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Furthermore, the request is non-specific in regards to dose, duration, or frequency. Given the lack of any clinical indication for the use of a proton pump inhibitor this request would not have been recommended as medically necessary.

PRESCRIPTION FOR 1 MEDROX CREAM BETWEEN 9/20/13 AND 11/04/13: Upheld

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

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

Decision rationale: In regards to the request for Medrox topical cream, this request would not have been recommended as medically necessary. Medrox cream contains capsaicin which can

be considered an option in the treatment of neuropathic pain that has failed other conservative treatments such as the use of antidepressants or anticonvulsants. The injured worker was being followed for ongoing chronic left shoulder pain. The injured worker's physical examination findings did not identify any pertinent neuropathic symptoms. The clinical documentation did not indicate whether the injured worker had trialed antidepressants or anticonvulsants with no relief. The clinical documentation provided for review does not meet guideline recommendations regarding the use of topical capsaicin containing creams. Therefore, this request would not have been recommended as medically necessary.