

Case Number:	CM13-0044438		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2012
Decision Date:	04/29/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This is a 54 year-old male who was injured on 4/11/12. He has been diagnosed with a rotator cuff tear, s/p surgical intervention which has failed and s/p distal clavicle excision; cervical discogenic condition with shoulder girdle involvement; element of depression; weight gain 10 lbs; and hypertension. According to the 10/17/13 orthopedic report from [REDACTED], the patient presents about 3-1/2 weeks post-op for open RCR and arthroscopic synovectomy, bursectomy, coracoacromial ligament release, Neer-type acromioplasty on 9/23/13. The pain was reported to be 7/10 without Norco and 5/10 with. He was given tramadol ER for long-acting pain relief, Norco for breakthrough, Protonix to treat stomach upset from taking medications; naproxen for antiinflammatory, Flexeril for muscle spasms. On 10/28/13 UR modified the request for Norco, Tramadol, and Flexeril and denied use of Protonix and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, and Pain Interventions and Treatments Page(s): 8-9,11.

Decision rationale: The patient presents with right shoulder and cervical discogenic pain. He was about 3-1/2 weeks post-op, for open rotator cuff repair, and still has staples on the incisions that were not ready to be removed. He was taking Tramadol ER for long-term pain control and Norco for breakthrough, as well as Flexeril for spasms, Naproxen to keep the inflammation down, and Protonix because the naproxen upsets his stomach. The surgeon states the patient is still in the immobilizer brace and was required to continue this for 6 more days. There is not going to be a lot of functional improvement while the patient's shoulder is immobilized, and still has surgical staples, and the wound is not yet healed. In this case functional improvement can be shown by a decrease in pain. MTUS states it is essential to understand the extent that function is impeded by pain. The physician has documented a satisfactory response with use of Norco. The MTUS guidelines do not require weaning or discontinuing medications for pain if there is a satisfactory response.

30 TRAMADOL ER 150MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: The patient presents with right shoulder and cervical discogenic pain. He was about 3-1/2 weeks post-op, for open rotator cuff repair, and still has staples on the incisions that were not ready to be removed. UR modified the request for tramadol because they did not see functional improvement. However, the records show UR denied the initial request for tramadol which was initially prescribed for post-operative pain. The surgeon would not be able to document functional improvement or pain reduction on a medication that he was not allowed to try. The physician has documented moderate to severe pain 7-10 pain before the surgery, with only use of Norco. After the surgery he wanted to add tramadol ER for long-term pain control. This was not a first-line therapy, and appears to be in accordance with MTUS guidelines.

60 PROTONIX 20MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: Naproxen to keep the inflammation down, and Protonix because the naproxen upsets his stomach. Protonix is a PPI, naproxen is an NSAID. MTUS states that for the treatment of dyspepsia secondary to NSAID therapy, one can consider H2-receptor antagonists or a PPI. The use of Protonix for treatment of dyspepsia secondary to NSAID therapy is in direct accordance with MTUS guidelines.

60 FLEXERIL 7.5MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: According to MTUS, the dosing is 3 times per day, so the physician has asked for a 20-day supply. MTUS also states that Flexeril is not to be used over 3-weeks. Using a 7-day week, this is 21-days. The request for Flexeril appears to be in accordance with MTUS guidelines.

60 NAPROXEN 550MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory drugs Page(s): 22.

Decision rationale: MTUS states that nti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The surgery was reported as being 3-1/2 weeks prior, and the surgical wound was not completely healed and there is swelling. This does not appear to be long-term use. The use of naproxen for swelling 3-1/2 weeks post-op, appears to be in accordance with MTUS guidelines.