

Case Number:	CM13-0048221		
Date Assigned:	12/27/2013	Date of Injury:	05/28/2008
Decision Date:	11/04/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 50 year old male with date of injury 1/28/2003. The mechanism of injury is not stated in the available medical records. The patient has complained of right shoulder and right elbow pain since the date of injury. He has had arthroscopic surgery of the right shoulder and right elbow surgery (specifics of surgeries not given). He has also been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: mild weakness of right shoulder abduction and external rotation, left elbow tenderness to palpation, positive Tinel's sign left elbow. Diagnoses: shoulder pain, elbow pain, extremity pain. Treatment plan and request: Prilosec, Norco, Flexeril, Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 20 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 67-68.

Decision rationale: This 50 year old male has complained of right shoulder and right elbow pain since date of injury 1/28/2003. He has had been treated with right shoulder and right elbow

surgery, physical therapy and medications. The current request is for prilosec. Per the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, the request for Prilosec is not medically necessary.

Retrospective Norco 10/325 mg, #360 for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old male has complained of right shoulder and right elbow pain since date of injury 1/28/2003. He has had been treated with right shoulder and right elbow surgery, physical therapy and medications to include opioids for at least 2 months duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, the request for Norco is not medically necessary.

Retrospective Flexeril 7.5 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 50 year old male has complained of right shoulder and right elbow pain since date of injury 1/28/2003. He has had been treated with right shoulder and right elbow surgery, physical therapy and medications to include Flexeril for at least one month duration. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, the request for cyclobenzaprine is not medically necessary.

Anaprox OS, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-68.

Decision rationale: This 50 year old male has complained of right shoulder and right elbow pain since date of injury 1/28/2003. He has been treated with right shoulder and right elbow surgery, physical therapy and medications to include NSAIDS for at least 2 months duration. Per the MTUS guideline cited above, NSAIDS are recommended for the short term (2-4 week) symptomatic relief of pain. The current treatment duration at the time of request exceeds the recommended treatment period. Additionally, there is no provider documentation of the rationale for continuation of treatment. On the basis of the MTUS guidelines, the request for Anaprox is not medically necessary.