

Case Number:	CM13-0056492		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2009
Decision Date:	03/31/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 56-year-old male who reported an injury on 02/17/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with a SLAP tear, shoulder sprain, postoperative chronic pain, and myofascial pain. The patient was evaluated on 09/18/2013. The patient reported 8/10 pain. The patient denied any nausea and vomiting, hemoptysis, or rectal bleeding. Physical examination revealed tenderness to palpation of the left upper extremity with decreased range of motion. The treatment recommendations included continuation of current medications and a request for a CBC, CMP, H-pylori, and stool sample x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs 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. Patients with

no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, there is no evidence of this patient's current utilization of any NSAID medication. There is also no documentation of cardiovascular disease or increased risk factors for gastrointestinal complaints. The patient only reported mild relief following continued use of this medication. Based on the clinical information received, the request is noncertified.

Menthoderm 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 8/10 pain. There is no documentation of neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is noncertified.

Labs (CBC, CMP) H-Pylori testing, stool puric x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing

Decision rationale: The California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. The interval of repeating lab tests after treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. Official Disability Guidelines state a complete blood count is indicated for patients with diseases that increase the risk of anemia, or patients in whom significant perioperative blood loss is anticipated. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease, and those taking medications that predispose them to electrolyte abnormalities or renal failure. As per the documentation submitted, there is no evidence of recurrent symptoms suggesting an abnormality due to medication use. There was no documentation of abnormal values listed on previous laboratory studies. The medical rationale for the requested laboratory testing has not been established. Based on the clinical information received, the request is noncertified.

