

Case Number:	CM13-0056700		
Date Assigned:	12/30/2013	Date of Injury:	04/11/2012
Decision Date:	05/08/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/22/2013

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 and is licensed to practice in Illinois. 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 51-year-old male who reported injury on 04/11/2012. The mechanism of injury was the injured worker lost his balance and fell forward and put out his right hand to stop the fall but hurt his shoulder. The injured worker has been treated with medications and chiropractic care as well as physical therapy. The injured worker underwent a right shoulder arthroscopy, rotator cuff repair, biceps release and evaluation of the labrum and stabilization on 09/23/2013. The injured worker's medication history included Protonix, opiates, and Flexeril as of 02/2013 and Remeron as of 05/2013. The documentation of 10/17/2013 revealed the injured worker's pain was 7/10 without opiates and was 5/10 with opiates. The injured worker indicated they felt depressed due to the physical condition. The diagnoses included rotator cuff tear status postsurgical intervention which failed, discogenic cervical condition with shoulder girdle involvement, element of depression, weight gain of 10 pounds and hypertension. The treatment plan included Norco, Tramadol, Protonix, Flexeril, Naproxen, and Remeron.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PROTONIX 20MG #60 DISPENSED ON 11/12/13 AND PROSPECTIVE USAGE OF PROTONIX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the injured worker had been on the medication for greater than 6 months. There was a lack of documentation of the efficacy of the requested medication. The clinical documentation submitted for review failed to indicate the efficacy of the requested medication. Additionally, the request as submitted failed to indicate the frequency for the medication. The retrospective request for Protonix 20 mg #60 dispensed on 11/12/2013 and prospective usage of Protonix is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR FLEXERIL 7.5MG #60 DISPENSED ON 11/12/13 AND PROSPECTIVE USAGE OF FLEXERIL: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been taking the medication for greater than 6 months. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the medication. The request for retrospective request for Flexeril 7.5 mg #60 dispensed on 11/12/2013 and the prospective usage of Flexeril is not medically necessary and appropriate.

REMERON 50MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and an objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been taking the medication for greater than 5 months. There was documentation of an objective decrease in pain. The pain decreased from a 7/10 to a 5/10 with the medication. There was a lack of documentation of an objective

increase in function. The request as submitted failed to indicate the frequency for the medication. The request for Remeron 50 mg #30 is not medically necessary and appropriate.

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and Ongoing Management Page(s): 60,78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been taking opiates for greater than 6 months. There was a lack of documentation indicating an objective improvement in function. There was documentation of an objective decrease in pain. The pain decreased from a 7/10 to a 5/10 with the medication. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The clinical documentation failed to indicate the frequency of the medication. The request for Norco 10/325 mg #60 is not medically necessary and appropriate.

TRAMADOL ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and ongoing management Page(s): 60,78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been taking opiates for greater than 6 months. There was a lack of documentation indicating an objective improvement in function. There was documentation of an objective decrease in pain. The pain decreased from a 7/10 to a 5/10 with the medication. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The clinical documentation failed to indicate the frequency of the medication. The request for prospective Tramadol ER 150 mg #30 is not medically necessary and appropriate.