

Case Number:	CM13-0056869		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2007
Decision Date:	03/31/2014	UR Denial Date:	10/28/2013
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, has a subspecialty in Pain Management 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 44-year-old male who reported injury on 11/07/2007. The mechanism of injury was noted to be a cumulative trauma. The patient's diagnoses were noted to include a neck sprain/strain, rotator cuff capsule sprain, and complete rupture of the rotator cuff, and cervical disc degeneration. The patient had a right shoulder arthroscopy with rotator cuff repair, subacromial decompression, and debridement and chondroplasty on 03/04/2011. The documentation submitted for review indicated the patient had decreased painful range of motion of the neck and a positive myospasm, along with tenderness to palpation. The patient's current medications were noted to be Norco 10/325, Neurontin 600 mg, Zantac 150 mg, and Cymbalta. The request was made for a trial of doxepin for 1 tablet to 2 tablets at bedtime for pain related insomnia, Norco 10/325, Neurontin 600 mg, Zantac 150 mg and a Cervical Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #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
Page(s): 69.

Decision rationale: California MTUS guidelines recommend H-2 blockers for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the duration the patient had been on the medication. Given the above, the request for 60 tablets Zantac 150 mg is not medically necessary.

180 Tablets of Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (Anti Epilepsy Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16.

Decision rationale: California MTUS Guidelines indicate that antiepileptic medications are first line medications for the treatment of neuropathic pain and there should be documentation of objective functional improvement with the medication. There should be documentation of an objective decrease in the patient's VAS score (Visual Analog Scale). The clinical documentation submitted for review failed to indicate documentation of the patient's objective functional improvement as well as an objective decrease in the VAS score. Additionally, the patient indicated that they had neck pain radiating to bilateral upper extremities with a burning sensation. The patient complained of pain due to insomnia. Given the above, the request for 180 tablets of Neurontin 600 mg is not medically necessary.

120 Tablets of Norco 10/325mg: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS (Visual Analog Scale) score and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient was being monitored for aberrant drug taking behavior. However, there was a lack of documentation indicating an objective increase in function and an objective decrease in the VAS score. Given the above, the request for 120 tablets of Norco 10/325 mg is not medically necessary.