

Case Number:	CM13-0068257		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2013
Decision Date:	03/10/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine, Pulmonary Diseases 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 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 55-year-old male who reported an injury on 01/24/2013. The patient was diagnosed with acromioclavicular joint arthrosis and impingement syndrome as well as rotator cuff tendonitis. The latest physician progress report was submitted on 10/22/2013 by [REDACTED]. The patient presented for an orthopedic re-evaluation of the right shoulder. The patient was scheduled for a diagnostic and operative arthroscopy with debridement, acromioplasty, resection of coracoacromial ligament and bursa and possible distal clavicle resection. The patient continued to report persistent pain. Physical examination was consistent with AC joint arthrosis and impingement as well as rotator cuff tendonitis. Treatment recommendations included proceeding with surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: 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 Page(s): 63-66.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication since 2011. However, documentation of palpable muscle spasms, spasticity or muscle tension was not provided. There is no Physician's Progress Report on the requesting date of 10/01/2013. The medical necessity has not been established. As guidelines do not recommend the long-term use of this medication, the current request is not medically appropriate. As such, the request is non-certified.

Tramadol ER 150mg #30: 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 Page(s): 74-82.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioid should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication since 2012. Documentation of a Physician's Progress Report on the requesting date of 10/01/2013 was not provided. Therefore, there is no evidence of a satisfactory response to treatment. As such, the request is non-certified.

Omeprazole 20mg #60: 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 Page(s): 68-69.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the documentation submitted, the patient has continuously utilized this medication since 2007. There was no Physician's Progress Report submitted for this review on the requesting date of 10/01/2013. There was no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not currently meet the criteria for the use of a proton pump inhibitor. As such, the request is non-certified.