MAXIMUS Federal Services

Case Number:	CM13-0070457		
Date Assigned:	01/03/2014	Date of Injury:	05/19/2011
Decision Date:	05/06/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 39-year-old injured in a work-related accident on May 19, 2011. The clinical records provided for review included a November 20, 2013 progress report for follow-up of the claimant's right shoulder. The claimant is documented to be status post arthroscopy, labral debridement, subacromial decompression performed in November 2011 with continued complaints of pain that increases with activities of daily living. Physical examination showed restricted flexion, abduction, and internal and external rotation limited to 40 degrees of flexion and 40 degrees of abduction. Recommendation was for manipulation under anesthesia as conservative treatment had failed. There is also a continued request for medication agents in the form of Norco and Prilosec. There are no post-operative imaging studies available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, Norco cannot be recommended as medically necessary. Continued use of short-acting narcotic analgesics would not be indicated given failure to respond to the use of this medication in the chronic setting. The Chronic Pain Guidelines only recommend continuation of analgesics if there is documentation of significant improvement. In this case the absence of documentation of improvement with the medication would fail to support continuation of the medication. The medication should be weaned according to appropriate weaning protocols. Therefore, the request for Norco 10/325mg #120 is not medically necessary and appropriate.

PRILOSEC 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gasteroesophageal reflux disease (GRRD), Ann Arbor (MI); 2012 May. 12p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

Decision rationale: The MTUS Chronic Pain Guidelines would also not support the role of Prilosec. At present, the claimant is not taking any form of anti-inflammatory agent. There is also no documentation in the medical records that the claimant has any risk factors associated with gastrointestinal issues that would support the need for a protective proton pump inhibitor. Therefore, specific request for Prilosec 20mg #30 is not medically necessary and appropriate.

MANIPULATION UNDER ANESTHESIA TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates, shoulder procedure - Manipulation under anesthesia (MUA) and Low Back Chapter, MUA.

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, manipulation under anesthesia would not be indicated. Current clinical records do not document recent conservative care nor do they include post op imaging that would support the need for a manipulative procedure. Based upon the medical records provided for review the request for right shoulder manipulation under anesthesia is not recommended as medically necessary. Therefore, the request for manipulation under anesthesia to the right shoulder is not medically necessary and appropriate.