

Case Number:	CM13-0071727		
Date Assigned:	01/08/2014	Date of Injury:	06/24/2009
Decision Date:	05/30/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 52 year old male who reported an injury on 06/24/2009. On 09/13/2013 the injured worker who is status post surgery of the right shoulder; reported right shoulder pain and weakness. The physical examination found tenderness to palpation of the acromioclavicular joint, lateral shoulder and posterior shoulder. The treatment plan is to continue with medication as prescribed including Hydrocodone/APAP 10/325, Omeprazole 20mg, Naproxen 500mg and Cyclobenzaprine HSC 7.5mg. A urine drug screen was obtained on 10/02/2013 and found Hydrocodone not detected as prescribed. The State of California Division of Workers Compensation Request for Authorizaion for Medical Treatment is not included with the documents submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 HYDROCODONE/APAP 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: The request for 60 Hydrocodone/APAP 10/325mg is non-certified. The injured worker reports right shoulder pain and weakness. The most recent physical exam reports that this injured worker is status post right shoulder surgery without any additional documentation. The findings noted were tenderness to palpation of the acromioclavicular joint, lateral shoulder and posterior shoulder. There was a urine drug screen with inconsistent findings for Hydrocodone that has been prescribed yet not indicated on most recent drug screen obtained. The CA MTUS Guidelines Chronic Pain Medical Treatment Guidelines state Hydrocodone is indicated for moderate to severe pain. The documentation provided does not indicate a current level of pain. The most recent urine drug screen also reports an absence of Hydrocodone although prescribed. Therefore, the request for Hydrocodone is not medically necessary and appropriate.

60 NAPROXEN 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (G.I) Symptoms And Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66.

Decision rationale: The request for 60 Naproxen 500mg is non-certified. The process report submitted indicates the injured worker is status post surgery of the right shoulder and tenderness to palpation. The CA MTUS Guidelines indicate Naproxen for the relief of signs and symptoms of osteoarthritis. The dosing recommended is 500mg twice a day. The documentation does not include a level of pain or if use of Naproxen is effective for the pain, nor does the documentation consider the length of time Naproxen has been used and weigh the significant side effects of long term use. The request for Naproxen is not medically necessary and appropriate.

60 OMEPRAZOLE 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms, Page(s): 68.

Decision rationale: The request for 60 Omeprazole 20mg is non-certified. The injured worker is status post right shoulder surgery with complaints of pain and weakness and has been prescribed a Proton pump inhibitors (PPI's). The CA MTUS Guidelines recommend PPI medication for patients at an intermediate risk for gastrointestinal events using high dose and or multiple NSAIDS with low dose ASA. The documentation provided does not indicate a strong use of multiple NSAIDS and a low dose ASA nor does it indicate the injured worker having any signs or symptoms of a gastrointestinal event. Therefore, the request for Omeprazole is not medically necessary and appropriate.

60 CYCLOBENZAPRINE 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 41.

Decision rationale: The request for 60 Cyclobenzaprine 7.5mg is non-certified. The injured worker is status post right shoulder surgery and has pain and weakness. The clinical evaluation reports tenderness on palpation to the acromioclavicular joint, lateral shoulder and posterior shoulder. The CA MTUS Guidelines for chronic pain medical treatment recommends Cyclobenzaprine as an option for short course therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The documentation provided does not include any indication of the injured worker's level of pain or any relief with use of Cyclobenzaprine. The documentation also lacks a range of use for the Cyclobenzaprine that is stated effective greatest in the first 4 days of treatment. The request fails to indicate frequency and duration of therapy. Therefore, the request for Cyclobenzaprine is not medically necessary and appropriate.