

Case Number:	CM14-0004404		
Date Assigned:	02/05/2014	Date of Injury:	07/21/2010
Decision Date:	08/04/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

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 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 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 patient is a 63-year-old female who has submitted a claim for improved symptomatic irreparable rotator cuff tear of the right shoulder associated with an industrial injury date of July 21, 2010. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of bilateral shoulder pain with limited range of motion and poor strength of the right shoulder. On physical examination, both shoulders revealed no deformity, spasm, swelling, ecchymosis, or atrophy. There was limited external rotation of the right shoulder. The glenohumeral joint was stable. Labrum, rotator cuff, biceps tendon, sternoclavicular joint, and scapula examinations were unremarkable. There was weakness of right shoulder abduction and external rotation. Sensory exam was normal. Treatment to date has included physical therapy, injection, right shoulder arthroscopy with partial rotator cuff repair and bicipital tenotomy, chiropractic care, acupuncture, home exercise program, and medications including tramadol since March 2012 and Prilosec since July 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, Prilosec was being prescribed since July 2013 (11 months to date). However, there was no documentation of continued functional benefit. In addition, the medical records failed to provide evidence of presence of any of the above-mentioned risk factors for gastrointestinal events. Therefore, the request is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

Decision rationale: According to pages 93-94 and 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In this case, tramadol was being prescribed since March 2012 (2 years to date). However, there was no documentation of continued functional benefit. Furthermore, there was no discussion regarding failure of first-line oral analgesics. Pain level was also not qualified as being moderate to severe. Therefore, the request is not medically necessary.

A functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 58-59; 181-185; 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 132-139.

Decision rationale: According to pages 132-139 of the ACOEM guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming

that FCEs predict an individual's actual capacity to perform in the workplace. In this case, there was no discussion regarding the indication for an FCE. Furthermore, there was no discussion regarding return-to-work plans. There is no clear rationale for the requested service. Therefore, the request is not medically necessary.