

Case Number:	CM14-0006442		
Date Assigned:	02/07/2014	Date of Injury:	03/02/2012
Decision Date:	08/04/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine 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 45-year-old female who has submitted a claim for bilateral shoulder pain, right shoulder impingement syndrome, and cervical spine sprain/strain status post right shoulder arthroscopy associated with an industrial injury date of March 2, 2012. The medical records from 2012-2013 were reviewed. The patient complained of persistent shoulder pain, right worse than the left. She has difficulty elevating the arms above shoulder level. The physical examination showed right subdeltoid space and anterior bicipital region tenderness. There was also minimal tenderness of the left subdeltoid region. There was decreased range of motion on the right shoulder and close-to-normal range of motion of the left shoulder. Impingement sign was positive on the right, which was aggravated by resisted right arm abduction. Motor and sensation was intact. An MRI of the right shoulder, dated March 18, 2013, revealed questionable strain injury of the infraspinatus musculotendinous junction; status post subacromial decompression. The treatment to date has included medications, physical therapy, home exercise program, chiropractic therapy, activity modification, and right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 MG # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPI) are supported in the treatment of patients with GI disorders or patients utilizing chronic NSAID therapy. In this case, the patient was taking Protonix since July 2013. Although the patient is on NSAIDs, there is no documentation of GI risk factors in this patient. Recent progress notes did not indicate the patient having a high risk for gastrointestinal events nor were there any complaints of GI upset. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Protonix 20 MG # 30 is not medically necessary.

Elavil 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain chapter Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain chapter Page(s): 13-14.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines pages 13-14, tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. The assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the patient was taking Elavil since August 2013. There was no documented rationale for utilizing this medication. Furthermore, the most recent progress notes did not indicate any problems with sleep nor were there any discussion concerning the patient's sleep hygiene. Moreover, there was no evidence of overall pain improvement, continued functional benefits and improved sleep quality and duration from this medication. Therefore, the request for Elavil 10 MG #30 is not medically necessary.

Anaprox 550 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68.

Decision rationale: As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Naproxen since December 2012. However,

there was no objective evidence of overall pain improvement and functional gains from its use. The guidelines do not recommend long-term use of NSAIDs. In addition, there is no clear indication for its continued use. Therefore, the request for Anaprox 550 MG #60 is not medically necessary.