MAXIMUS Federal Services

Case Number:	CM14-0009427		
Date Assigned:	02/14/2014	Date of Injury:	11/30/2011
Decision Date:	07/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/24/2014

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 59-year-old female who has filed a claim for bilateral rotator cuff sprain and strain associated with an industrial injury date of November 30, 2011. Review of progress notes indicates neck pain radiating into the right shoulder; right shoulder painful elevation only up to 90 degrees, and no overhead reaching secondary to mechanical limitation; bilateral elbow pain with pronation/supination; and bilateral hip and knee pain. There was mention of gastritis and constipation. Findings include positive Neer's and Hawkin's of both shoulders, decreased range of motion, and decreased motor strength on external rotation and abduction. MRI of the right shoulder dated August 27, 2012 showed moderate impingement, and tendinosis of the rotator cuff with a tear.Treatment to date has included NSAIDs, amitriptyline, Wellbutrin, sedatives, physical therapy, chiropractic treatment, acupuncture, and injections to the shoulders. Utilization review from December 27, 2013 denied the requests for transportation to and from medical visits as there was no documentation of significant functional deficits that would prevent use of private or public transportation; Naproxen 550mg x 60 x 1 refill as there was no documentation of efficacy; Citrucel x 120 x 1 refill as there was no documentation of findings to support this medication; and Prilosec 20mg x 60 x 1 refill as there was no mention of GI symptoms or risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550 PO BID PRN X 60 X 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 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 there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least June 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Naproxen 550 PO BID PRN x 60 x 1 refill is not medically necessary.

CITRUCEL PO BID X 120 X 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Citrucel).

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to FDA, Citrucel (methylcellulose) is a bulk-forming fiber laxative used to relieve constipation, and to restore and maintain regularity. In this case, the recent progress notes do not document complaints of constipation to support this request. The patient is not on opioid therapy as well. Therefore, the request for Citrucel PO BID times 120 times 1 refill is not medically necessary.

PRISOLEC 20MG PO BID X 60 X 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-SELECTIVE NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. In this case, there is mention of history of gastritis. However, the recent progress notes do not indicate upper GI symptoms. Also, the patient does not meet the abovementioned criteria, and the request for

naproxen was not authorized. Therefore, the request for Prilosec 20mg PO BID x 60 x 1 refill is not medically necessary.

TRANSPORTATION TO AND FROM MEDICAL VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care services-California Criteria for Medical Transportation Chapter 12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation (To and From Appointments).

Decision rationale: CA MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, there is no documentation regarding the inability to take private or public transportation to attend medical visits. Therefore, the request for transportation to and from medical visits is not medically necessary.