

Case Number:	CM14-0009550		
Date Assigned:	02/14/2014	Date of Injury:	09/20/2013
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 50-year-old male injured while operating an air drill on September 20, 2013. It is also noted that a rotator cuff repair had been completed and that postoperative interferential and physical therapy had been certified. It is noted that postoperatively the right shoulder felt weak and there was a decrease in shoulder range of motion reported. Subsequent progress notes indicate ongoing complaints of depression, anxiety and difficulty sleeping. Shoulder MRI noted a full thickness tear of the supraspinatus.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH SUPPLY OF VICODIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR THE USE OF OPIOIDS, PAGES 74-82

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the surgical intervention completed and the postoperative physical therapy there is little clinical indication to support the need for ongoing use of narcotic medications. There are residual complaints of pain;

however, transition to less potent analgesic should be compassed. Therefore, when noting the parameters outlined by the California Medical Treatment Utilization Schedule (CAMTUS) for the use of opioids, there is insufficient clinical information presented to support this request.

NAPROSYN 500MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, RECOMMENDATIONS FOR NSAIDS (NON STEROIDAL ANTI INFLAMMATORY DRUGS) OSTEOARTHRITIS (INCLUDING KNEE AND HIP), PAGES 67-72

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30, 126.

Decision rationale: This medication is a nonselective anti-inflammatory and when noting that the injury was to the supraspinatus tendon which was surgically repaired, there is no indication presented for an anti-inflammatory medication this far out from surgery. Noting the parameters outlined by California Medical Treatment Utilization Schedule (CAMTUS) and the medical records presented for review, this request is not medically necessary.

PRILOSEC CAPSULES 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGES 68-69

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

Decision rationale: The injury sustained was a rotator cuff tear. A surgical repair has been completed. A decrease in range of motion is noted. In this case, the need for additional non-steroidal anti-inflammatory medications is not supported. There is no ongoing insult to the G.I. tract would require this protein pump inhibitor. As such, this request is not medically necessary.