

Case Number:	CM14-0101203		
Date Assigned:	07/30/2014	Date of Injury:	04/18/2011
Decision Date:	10/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/01/2014

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 Illinois. 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 59-year-old female who reported an injury on 04/18/2011 due to an unknown mechanism. The diagnoses were left shoulder status post arthroscopic labral debridement, subacromial decompression, Mumford procedure, possible complex regional pain syndrome, adhesive capsulitis, right shoulder status post previous arthroscopic surgery with ongoing impingement, acromioclavicular joint arthrosis and possible rotator cuff tear, and right sternoclavicular joint pain. A physical examination on 05/28/2014 revealed the injured worker had 1 stellate ganglion block that continued to reduce hypersensitivity of the left upper extremity. The injured worker had complaints of right knee pain that had increased since the last office visit. An examination of the bilateral shoulders revealed the injured worker's ability to forward flex independently with the right shoulder and 40 degrees, active assistance 100 degrees; left shoulder 110 degrees independently and 130 degrees with active assist. Internal rotation in scarecrow position was to 35 degrees on the right and 30 degrees on the left. On examination with arm behind back, the injured worker's right thumb went to the L5 region and left thumb went to S1 region. Treatment plan was for medications as directed and possible cortisone injections into the glenohumeral joint. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: The decision for Motrin 800 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease pain. The efficacy for this medication was not reported. There was no objective functional improvement or an objective decrease in pain reported for this medication. Pain was not reported on the visual analogue scale (VAS). The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Prilosec 20mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: The decision for Prilosec 20mg Qty 60 is not medically necessary. According to the MTUS Chronic Pain Medical Treatment Guidelines, "Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary." The efficacy for this medication was not reported. The request does not indicate a frequency for the medication. The injured worker did not have reports of GI upset or a diagnosis of gastroesophageal reflux disease. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.

Ultracet 37.5/325mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing Management Page(s): 82,93,94,113; 78.

Decision rationale: The California Medical Treatment Utilization Schedule states central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the "4 A's" for ongoing monitoring including analgesic, activities of daily living, adverse side effects, and aberrant drug taking behavior. The "4 A's" for ongoing management were not reported. The efficacy of this medication was not reported. Functional improvement for the injured worker was not reported. Pain on the VAS was not reported. The request does not indicate a frequency for the medication. Clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

carafate 1gm Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The decision for Carafate 1 gm Qty 60 is not medically necessary. According to the MTUS Chronic Pain Medical Treatment Guidelines, "Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease a Cox-2 selective agent plus a PPI if absolutely necessary." The efficacy for this medication was not reported. The request does not indicate a frequency for the medication. The injured worker did not have reports of GI upset or a diagnosis of GERD. The request does not indicate a frequency for the medication. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.