

Case Number:	CM14-0101945		
Date Assigned:	07/30/2014	Date of Injury:	10/25/2010
Decision Date:	09/22/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 24-year-old female who reported an injury on 10/25/2010. The mechanism of injury was note provided. On 07/09/2014, the injured worker presented with complaints of left shoulder and neck pain. Upon examination, the range of motion values for the left shoulder were limited to 160 degrees of abduction, 165 degrees of forward flexion, 75 degrees of internal rotation, and 90 degrees of external rotation. An MRI of the left shoulder performed on 07/06/2011 revealed rotator cuff tendinosis with partial interstitial tear, posterior supraspinatus tendon without definite full thickness tear or retraction with down sloping acromion and a SLAP test lesion extends to but does not avulse the biceps anchor. An EMG dated 10/05/2011 revealed a normal study. An MRI of the cervical spine dated 10/07/2011 mild degenerative disc disease with C5-6 small left paracentral protrusion, without canal stenosis or neural foraminal narrowing at any level. MRI of the left shoulder performed on 06/07/2013 revealed mild to moderate rotator cuff tendinosis with partial interstitial tear and minimal superior labral fraying. Current medications included docusate sodium, pantoprazole-Protonix, Nucynta, and Senokot. The diagnoses were neck pain, pain in the joint (shoulder), and syndrome cervicobrachial. The provider recommended docusate sodium, Senokot, and Pantoprazole-Protonix, the provider prescribed Pantoprazole for GI prophylaxis. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate sodium 100 mg, 1 tab Q12 #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-77.

Decision rationale: The request for Docusate sodium 100 mg, 1 tab Q12, #60 is medically necessary. The California MTUS recommend prophylactic treatment of constipation. The injured worker is prescribed Nucynta, and the guidelines recommend prophylactic treatment for constipation with opioid therapy. Therefore, docusate sodium is medically necessary.

Senokot 8, 6-50mg 1 tab BID #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-77.

Decision rationale: The request for Senokot 8, 6-50mg 1 tab BID #60 is medically necessary. The California MTUS recommend prophylactic treatment of constipation. The injured worker is prescribed Nucynta, and the guidelines recommend prophylactic treatment for constipation with opioid therapy. Therefore, docusate sodium is medically necessary.

Pantoprazole- Protonix 20mg 1-2 daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Pantoprazole- Protonix 20mg 1-2 daily #60 is not medically necessary. According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that have moderate to high risk for gastrointestinal events. There was lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for a proton pump inhibitor; additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider recommended pantoprazole-Protonix as a prophylactic treatment; however, the guidelines do not support prophylactic treatment with this medication use. As such, the request is not medically necessary.