

Case Number:	CM14-0106674		
Date Assigned:	07/30/2014	Date of Injury:	02/18/2012
Decision Date:	09/25/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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:

This patient is a 59 y/o male who developed persistent shoulder and spinal pain subsequent to a fall off of a ladder on 2/18/12. He has made attempts to return to work, but this has been unsuccessful due to the discontinuation of modified work. Medication use has been stable with Ultracet 37.5mg. BID, Relafen 750mg BID and Prilosec 20 mg QD. The medications have been described as providing 50-60% (VAS 6/10 down to 2/10) pain relief and tried to RTW and continues with an exercise program. It is documented that he has GI upset with NSAID's. Other treatments include a rotator cuff repair on 3/21/13. MRI studies of the spine reveal diffuse moderate spondylosis of the cervical, thoracic and lumbar spines. The L5-S1 level has significant facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request Relafen 750 mg, BID, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67, 68.

Decision rationale: MTUS Guidelines support the use of NSAID's if the painful condition is associated with an inflammatory component and significant relief is experienced. The shoulder and low back diagnosis support a significant inflammatory component to the pain and the medications are reported to provide significant relief. The Relafen 750mg # 120 is medically necessary.

Retrospective request for Prilosec 20 mg, PO QD, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Pain Chapter Prilosec (Omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's GI risk Page(s): 68.

Decision rationale: MTUS Guidelines supports the use of proton pump inhibitors if NSIADs cause gastric distress. The patient is documented to experience gastric distress with the NSAID's. The Prilosec 20mg #60 is medically reasonable.

Retrospective request for Ultracet 37.5/325 mg BID, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet (Acetaminophen and Tramadol) Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines supports the judicious use of opioids when the dose is kept to a minimum and there are improvements in pain and function. It is clearly documented that the medications improve the pain by a significant amount and it is documented that he attempts to stay active and including attempts at returning to work, but the modified work was discontinued. Guidelines support the minimal opioid use under these circumstances. The Ultracet 37.5mg/325mg. is medically reasonable.