

Case Number:	CM14-0013699		
Date Assigned:	02/21/2014	Date of Injury:	02/02/2007
Decision Date:	07/15/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 is a 61-year-old male patient with a 2/2/07 date of injury. He injured himself when putting PVC pipe together. He fell and his biceps muscle popped. He is status post arthroscopic rotator cuff repair of the left shoulder with a Mumford procedure in 2005, and a subacromial decompression with findings of a massive retracted unrepairable rotator cuff tear of the left shoulder on 4/22/11. He was also diagnosed with a biceps tendon rupture. He was considered permanent and Stationary in a QME from 9/15/11. The patient was seen on 1/13/14 complaining of constant pain in the left shoulder and arm. He described his pain as moderate to severe depends on activity level, and rated 4-5/10 with medication and 8/10 without medication. The patient stated that the pain could be 10/10 at times. He was noted to be able to perform ADL's such as yard work, sleep better, and care for his mother with the Norco. He was still not able to lift his left arm overhead as this aggravated his pain. Urine drug screens, CURES monitoring, and a pain contract were noted. No signs of aberrant drug behavior were noted. The patient was noted to be working until he was laid off in July, and had not been working since then because workman's compensation would not authorize treatment for his injury and he was unable to. He was noted to be in the process of going through his court claim as of this progress report date. Physical exam findings revealed positive impingement signs. Left shoulder range of motion was 175 degrees with forward flexion, adduction was 170 degrees, and abduction was to 90 degrees. There was tenderness over the supraspinatus, infraspinatus and subscapularis muscles. There was noted that the patient demonstrated increased activity and functionality on opiate therapy. There has been no issue of misuse or diversion of medication. The side effects were minimal and controllable. A taper of the patient's Norco was not indicated as the patient demonstrated improved function and quality of life as well as significant pain reduction on this medication. He

was diagnosed with status post left shoulder injury, status post-arthroscopic rotator cuff repair and proximal biceps tendon rupture.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #180 EVERY 2 MONTHS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 79-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient is a 61-year-old male with a large left rotator cuff tear that is not operable. He was made permanent and stationary in 2011 and was noted to be laid off from his job. The patient noted severe left shoulder pain without his medications and his pain goes from an 8-10/10 without his Norco, to a 4/10 with his Norco. He is able to perform ADL's such as yard work, self-hygiene, and care for his mother on this medication. He has ongoing monitoring via urine drug screens and CURES reports, a pain contract, and is not noted to be abusing or misusing this medication. The UR decision stated the patient had not made any significant functional improvement with this medication and it was unclear why the patient had not returned to gainful employment. However, a QME dated 5/15/11 stated the patient was permanent and stationary and that the patient would not be capable of resuming his usual and customary work activities for his job as an electrician given the severity of his injuries. The patient's opiate use has not escalated and there is sufficient documentation that he has adequate ongoing monitoring, improved function, decrease in pain, no aberrant drug behavior, and consistent monitoring in the form of CURES reports and UDS. He is not noted to be on any other opiates or scheduled drugs for pain control, his daily MED is 30 which is not considered high risk, nor can anything further be done for this patient's injuries. Therefore, the request as submitted was medically necessary.

PRILOSEC 20 MG #60 EVERY 2 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GISymptoms And Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, there was no documentation to support GI

disorder diagnosed in this patient. In addition there was no evidence gastric ulcer, GERD or erosive esophagitis caused by chronic use of NSAID. There was no evidence that the patient was taking NSAID chronically. Therefore, the request for Prilosec 20 Mg #60 every 2 months was not medically necessary.