

Case Number:	CM14-0017220		
Date Assigned:	04/14/2014	Date of Injury:	08/04/2009
Decision Date:	06/05/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/11/2014

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 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:

The injured worker is a 58-year-old female who reported an injury on 08/04/2009. The mechanism of injury was not stated. Current diagnoses include left shoulder impingement syndrome, status post arthroscopy, and chronic neck pain. The injured worker was evaluated on 11/21/2013. The injured worker reported daily pain in the neck and left shoulder. Physical examination revealed 130 degree abduction of the left upper extremity and 170 degree abduction of the right upper extremity. Treatment recommendations included continuation of Tylenol 500 mg, Protonix 30 mg, and diclofenac 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL 500MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines (OMPG), Acetaminophen And Non-Steroidal Anti-Inflammatory Drugs, Chapter 3, page 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

Decision rationale: California MTUS Guidelines state acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. As per the documentation submitted, the injured worker has utilized Tylenol 500 mg since 07/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

PROTONIX 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID). Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective Non-Steroidal Anti-Inflammatory Drugs (NSAID). There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

DICLOFENAC 100MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren, Voltaren XR) Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. As per the documentation submitted, the injured worker has utilized diclofenac 100 mg since 09/2012. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.