

Case Number:	CM14-0017392		
Date Assigned:	03/03/2014	Date of Injury:	01/21/2013
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
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 Internal 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:

The injured worker is a 33 year old male who sustained injuries to his right shoulder and neck on 01/21/13. On this date, it is reported that a coworker dropped some equipment and he tried to catch it. He reports immediate neck and right shoulder pain. He reports that this also aggravated a previous low back problem. Records indicate that he underwent a course of conservative treatment which included physical therapy and chiropractic. He was noted to have not had substantive improvement and was ultimately taken to surgery and underwent a right shoulder arthroscopy with subacromial decompression on 07/03/13. He was later noted to have a right wrist carpal tunnel syndrome supported by NCV. Postoperative, the injured worker underwent rehabilitation and continues to have significant limitations and chronic pain. The most recent clinical notes indicate that he continues to exercise but feels he has popping and grinding in the right shoulder. He has been attending aquatic therapy with minimal benefit. It is reported that range of motion is slowly improving. He is noted to utilize bilateral wrist braces at night. He is noted to be taking Norco 10/325mg 5-6 tablets per day. It is reported that these medications help decrease his pain from 6-7/10 to 3-4/10. He has no side effects as a result. On physical examination of the right shoulder, flexion is to 160 degrees, abduction to 140, external rotation to 70, and internal rotation to 80 degrees. Sensation is intact. Strength is graded as 4/5 in flexion, abduction, external rotation, internal rotation, adduction, and extension. On examination of the right wrist, there is a positive carpal tunnel compression test, positive Phalen's test, negative Tinel's test, and negative Finkelstein's. Grip strength is reported to be 4+/5. The records indicate that the injured worker was to be continued on Norco 10/325mg and he was recommended to undergo a right carpal tunnel release due to failure of conservative measures. The record includes a utilization review determination dated 01/24/14 in which a request for Hydrocodone/APAP 10/325mg #120 was not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE / APAP 10/325 MG#120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Page(s): page(s) 74-80..

Decision rationale: The request for Hydrocodone/APAP 10/325mg #120 is recommended as medically necessary. The submitted clinical records indicate that the injured worker sustained an injury to the cervical spine, right shoulder, and apparently right wrist as a result of a workplace event occurring on 01/21/13. The injured worker has undergone surgical intervention for the right shoulder and continues to have significant levels of pain. The record suggests that the injured worker has a chronic pain syndrome as a result. He is noted to be taking Norco 10/325mg which has reduced his pain levels by nearly half and allows him to continue with rehabilitative therapy. He is additionally noted to be a candidate for a carpal tunnel release. The record contains numerous urine drug screens establishing compliance with the treatment plan. There is no evidence of diversion or illicit drug use. With this, the injured worker would meet criteria for California Medical Treatment Utilization (CAMTUS) guidelines for continued use of this medication. The request is medically necessary and appropriate.

OMERPRAZOLE 20MG CAPSULE #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's , Page(s): page(s) 67-73.

Decision rationale: The request for Omeprazole 20 mg # 60 is not supported as medically necessary based on the California Medical Treatment Utilization Schedule (CAMTUS) guidelines. The submitted clinical records indicate the injured worker has chronically been maintained oral medications. There is no documentation of medication induced gastritis for which this medication is clinically indicated. As such the medical necessity for continued use is not supported as medically necessary.