

Case Number:	CM14-0128250		
Date Assigned:	08/15/2014	Date of Injury:	04/28/2012
Decision Date:	10/21/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/12/2014

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 37-year-old female who reported an injury on 04/26/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included adhesive capsulitis of the right shoulder, status post right shoulder arthroscopy, acromioplasty, debridement of partial thickness rotator cuff tear, and rule out cervical pathology herniated disc of the cervical spine. The previous treatments included medication, physical therapy, surgery, x-rays, and MRIs. Within the clinical documentation dated 06/09/2014 it was reported the injured worker complained of constant, sharp, aching right shoulder pain. The pain occasionally radiated down the right arm into the small fingers on the right hand. She reported a knot in her right scapular region and stiffness in the right shoulder. She rated her pain 8/10 in severity. A physical examination was not submitted for clinical review. The request submitted was for Diclofenac XR, Wellbutrin, tramadol ER, and omeprazole. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac Xr 100mg, quantity 60, date unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The request for Retrospective Diclofenac Xr 100mg, quantity 60, date unspecified is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. Diclofenac is indicated for the relief of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Retrospective Wellbutrin 150mg, Po Qd, quantity 30 date unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin Page(s): 16, 125.

Decision rationale: The request for Retrospective Wellbutrin 150mg, by mouth daily, quantity 30 date unspecified is not medically necessary. The California MTUS Guidelines note Wellbutrin is a brand name buprenorphine, an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, there is a lack of clinical documentation indicating the injured worker is treated for or diagnosed with depression. Therefore, the request is not medically necessary.

Retrospective Tramadol Er 150mg P.O. Qd, quantity 30 date unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Retrospective Tramadol ER 150mg by mouth daily, quantity 30 date unspecified is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of a urine drug screen was not submitted for clinical review. The provider failed to document an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.

Retrospective Omeprazole 20mg quantity 60 date unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Retrospective Omeprazole 20mg quantity 60 date unspecified is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.