

Case Number:	CM14-0130085		
Date Assigned:	08/20/2014	Date of Injury:	11/20/2012
Decision Date:	10/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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 patient is an injured worker with the diagnoses of right shoulder impingement and cervical spine pain. Date of injury was 11-20-2012. Primary treating physician comprehensive orthopedic evaluation report dated June 17, 2014 documented subjective complaints of an industrial injury regarding her right shoulder, arm and elbow. The patient complains of pain that radiates to her neck. Labs that were drawn in December were all within normal limits. Physical examination was documented. On examination of her right shoulder, she has some limitation of rotation, internal and external. She has point tenderness over the acromioclavicular joint. She does have palpable tenderness from the right shoulder into the right paraspinous musculature and tenderness over the trapezius muscle. She is unable to reach behind her and she is unable to put her arm in the bathing-beauty pose. Diagnoses were right shoulder impingement and cervical spine pain. Treatment plan included Naproxen, Omeprazole, and Zanaflex. Progress report of the previous visit dated 12/17/13 documented a prescription for Zanaflex. Utilization review determination date was 7/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 181,212.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for neck and shoulder conditions. Medical records document the diagnoses of shoulder impingement and cervical spine pain. ACOEM guidelines support the use of Naproxen, which is an NSAID, for the patient's conditions. Therefore, the request for Naproxen 550mg #60 is medically necessary.

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, Tizanidine (Zanaflex) Page(s).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Medical records document the long-term use of Zanaflex. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. MTUS and ACOEM guidelines do not support the use of Zanaflex. Therefore, the request for Zanaflex 4mg #30 is not medically necessary.

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the use of prescription strength Naproxen 550 mg, which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical

records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole 20mg #60 is medically necessary.