

Case Number:	CM14-0161286		
Date Assigned:	10/06/2014	Date of Injury:	08/01/2013
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain Management 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 40 year old male with a date of injury on 8/1/2013. He is diagnosed with (a) left shoulder, partial rotator cuff tendon, tear, low field magnet magnetic resonance imaging (MRI); (b) Possible superior labrum anterior posterior (SLAP) lesion, (c) severe acromioclavicular joint arthritis, (d) cervical spine sprain/strain with mild to moderate underlying cervical degenerative disk disease, (e) history of diabetes and hypertension; and (f) resolving adhesive capsulitis. Per most recent records provided for review dated 8/25/2014 the injured worker complained of increasing pain in his shoulder. A physical examination noted positive impingement sign one and two, positive Jobe test, and positive O'Brien. Range of motion was limited in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Motrin 800 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and Cardiovascular Risk , NSAIDS, Hypertension and Renal Function Page(s): 6.

Decision rationale: According to MTUS evidence-based guidelines there should also be consideration of comorbidities when treating injured workers who are suffering from pain. Guidelines further indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are known to increase blood pressure by an average of 5-6 mmHg in injured workers with hypertension which can cause fluid retention, edema, and congestive heart failure. Although records indicate that the injured worker reported increasing pain and is also documented being treated by another provider there are no records that provides what the medications are or what treatments the injured worker is currently engaged in. This can help determine if he is at greater risk for cardiovascular problems as there are certain medications that provide greater risk when taken in at the same time with non-steroidal anti-inflammatory drugs (NSAIDs). Also, records do not indicate monitoring of this injured worker's current blood pressure which can also help in monitoring the cardiovascular effects of Motrin. Due to lack of essential information, the medical necessity of the requested Motrin 800 mg is not established.

One prescription of Ultram ER 100 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to evidence-based guidelines, an opioid can be considered as a short-term alternative that can provide analgesia for injured workers who has cardiovascular disease. In this case, the injured worker is seen to have history of diabetes and hypertension and there is evidence of increasing pain. Opioids in this case can be used in the short term to provide analgesia due to the increasing pain experienced by the injured worker since non-steroidal anti-inflammatory drugs (NSAIDs) places the injured worker at a greater risk for cardiovascular effects. Hence, the medical necessity of the requested Ultram ER 100mg is established.