

Case Number:	CM14-0027934		
Date Assigned:	06/16/2014	Date of Injury:	05/17/2010
Decision Date:	07/16/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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 a 66 year old female with a date of injury on 5/17/2010. Diagnoses include chronic myofascial pain, bilateral rotator cuff tears, cervical strain, right distal radius fracture, and patient is status post left shoulder reverse arthroplasty on 10/3/2012. Subjective complaints are of daily pain in the bilateral shoulders and cervical spine. Physical exam shows cervical paraspinal muscle and trapezius tenderness. There is tenderness over the bilateral shoulders, with distal neurological exam intact. Medications include Vicoprofen 7.5mg TID, Omeprazole, and Zanaflex. Records indicate that Vicoprofen has been weaned down from 10-12 pills a day, and is providing functional improvement. Prior treatments have included acupuncture, tens, surgery, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICOPROFEN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, risk assessment, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

TIZANIDINE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE Page(s): 66.

Decision rationale: CA MTUS and the ODG states that Tizanidine has FDA approval for management of spasticity; and unlabeled use for low back pain. One study demonstrated a significant decrease in pain associated with subacute and chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. This patient has symptoms consistent with myofascial pain in the neck and shoulder region. Therefore, the use of Tizanidine is consistent with guideline recommendations, and the medical necessity is established.

OMERPRAZOLE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 67-68.

Decision rationale: According to CA MTUS guidelines, a Proton Pump Inhibitor (PPI) can be added to Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDS. This patient is on chronic NSAID therapy, and is using Omeprazole for GI prophylaxis. Therefore, the use of omeprazole is consistent with guideline recommendations and is medically necessary.