

Case Number:	CM14-0030626		
Date Assigned:	06/20/2014	Date of Injury:	10/17/2012
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 21 year old male who sustained an injury on 10/17/12 while unloading a trailer. The injured worker felt a sharp pain to the right shoulder while utilizing a pallet jack. The injured worker had prior right shoulder surgery preceded by multiple injections. The injured worker was also treated with physical therapy. The injured worker was being followed by a treating physician for ongoing complaints of right shoulder pain. The clinical record on 12/13/13 noted loss of range of motion of the right shoulder on flexion/extension abduction adduction and rotation. There was tenderness over the right shoulder at the greater tuberosity. No impingement signs were identified. Strength in the bilateral shoulders was intact. The injured worker was felt to have reached maximum medical improvement as of this visit. The requested naproxen 550mg #120, Flexeril 7.5mg #120, Norco 10/325mg #240, and Prilosec 20mg #60 were denied by utilization review on 02/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

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

Decision rationale: In regards to the request for Naproxen 55mg quantity 120, this medication is not medically necessary based on clinical documentation submitted for review. The injured worker was being followed by treating physician for continuing right shoulder pain. The clinical documentation did not specify rationale for continuing use of this medication class. The last report by treating physician felt that the injured worker reached maximum medical improvement and did not provide any further indications for this specific medication. Given the paucity of recent clinical information to substantiate ongoing use of this medication, request is not medically necessary.

Flexeril 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64, 68, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Flexeril 7.5mg quantity 120, this medication is not medically necessary based on clinical documentation submitted for review. The injured worker was being followed by treating physician for continuing right shoulder pain. The clinical documentation did not specify rationale for continuing use of this medication class. The last report by the same treating physician indicated the injured worker reached maximum medical improvement and did not provide any further indications for this specific medication. Given the paucity of recent clinical information to substantiate ongoing use of this medication, this request is not medically necessary.

Norco 10/325 #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Norco 10/325mg quantity 240, this medication is not medically necessary based on clinical documentation submitted for review. The injured worker was being followed by treating physician for continuing right shoulder pain. The clinical documentation did not specify rationale for continuing use of this medication class. The last report by the same treating physician indicated the injured worker had reached maximum medical improvement and did not provide any further indications for this specific medication. Given the paucity of recent clinical information to substantiate ongoing use of this medication, this request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the request for Prilosec 20mg quantity 60, this medication is not medically necessary based on clinical documentation submitted for review. The injured worker was being followed by treating physician for continuing right shoulder pain. The clinical documentation did not specify rationale for continuing use of this medication class. The last report by the same treating physician indicated the injured worker reached maximum medical improvement and did not provide any further indications for this specific medication. Given the paucity of recent clinical information to substantiate ongoing use of this medication, this request is not medically necessary.