

Case Number:	CM14-0030865		
Date Assigned:	06/20/2014	Date of Injury:	02/19/2013
Decision Date:	07/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/11/2014

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 Texas and Oklahoma. 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 58-year-old female who reported an injury on 02/19/2013. The mechanism of injury reportedly occurred while lifting a printer) The clinical note dated 05/01/2014 noted the injured worker presented with full thickness restricted rotator cuff tear, decreased pain, and less fearful. Upon examination, there was a well healed incision, less pain, increased range of motion that was slow and weak as expected. The diagnoses included chronic full thickness rotator cuff tear to the right shoulder, chronic recurrent right shoulder sprain, impingement syndrome of the right shoulder, bursitis right shoulder, radiculopathy right upper extremity, and degenerative cervical spine disc disease. Prior treatment included topical analgesia, physical therapy visits, an abduction pillow, and medication. The provider recommended Omeprazole, Carisoprodol, tramadol, and hydrocodone; however, the provider's rationale was not provided. The request for authorization form was dated 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg prescribed 06/13/2013, 07/16/2013, 08/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

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

Decision rationale: The request for Omeprazole 20 mg prescribed 06/13/2013, 07/16/2013, and 08/13/2013 is non-certified. The California MTUS Guidelines recommend proton pump inhibitors for injured workers taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal events. The risks for gastrointestinal events include: age greater than 65 years old; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose multiple NSAID use. The medical documentation did not indicate the injured worker had gastrointestinal symptoms or a history of peptic ulcer, GI bleed, or perforation. The injured worker had been prescribed Omeprazole since at least 06/13/2013. The efficacy of the medication was not discussed. The submitted request does not indicate the frequency or the quantity of the medication. As such, the request is non-certified.

Carisoprodol 350mg prescribed 06/13/2013, 07/16/2013, 08/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Carisoprodol 350 mg prescribed 06/13/2013, 07/16/2013, and 08/13/2013 is non-certified. The California MTUS Guidelines state that Carisoprodol is not recommended. This medication is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxing effects. The injured worker had been prescribed Carisoprodol since at least 06/13/2013. The efficacy of the medication was not provided. The submitted request did not indicate the quantity or frequency of the prescribed medication. As the guidelines do not recommend Carisoprodol, the use of this medication is not supported. As such, the request is non-certified.

Tramadol 150mg prescribed 06/13/2013, 07/16/2013, 08/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-80 and Opioids, specific drug list, page(s) 91-94 Page(s): 76-80, 91-94.

Decision rationale: The request for tramadol 150 mg prescribed 06/13/2013, 07/16/2013, and 08/13/2013 is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation of an objective assessment of the injured worker's pain

level, functional status, risk for aberrant behavior, and side effects. The injured worker had been prescribed tramadol since at least 06/13/2013. The efficacy of the medication was not discussed. The submitted request did not indicate the quantity or frequency of the medication. Ultram ER: Patient currently not on immediate release tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). Per the 06/13/2013 clinical note, the injured worker was currently taking Vicodin. The provider started Tramadol ER 150mg. The guidelines state injured workers not currently on immediate release tramadol should be started on a Tramadol ER dose of 100mg once daily. The request to start the injured worker on 150mg exceeds the recommended dose. In addition, the medical records provided indicate Tramadol ER was only prescribed on 06/13/2013. Vicodin was prescribed at the 07/16/2013 and 08/13/2013 visits. The rationale for the request was not provided. As such, the request is non-certified.

Hydrocodone/APAP 7.5/325mg prescribed 06/13/2013, 07/16/2013, 08/13/2013: 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 Page(s): 76-80.

Decision rationale: The request for hydrocodone/APAP 7.5/325 mg prescribed 06/13/2013, 07/16/2013, and 08/13/2013 is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, risk for aberrant behavior, and side effects. The injured worker had been prescribed hydrocodone since at least 06/13/2013. The efficacy of the medication was not discussed. The provider's request did not indicate the quantity or frequency of the medication in the request. As such, the request is non-certified.