MAXIMUS Federal Services

Case Number:	CM14-0037862		
Date Assigned:	06/25/2014	Date of Injury:	03/21/2012
Decision Date:	08/15/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	03/31/2014

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. 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 79 year old male who had a work related injury on 03/21/12. The injured worker was working at a hospital, he was placing dishes into a machine when he slipped on a wet floor. He initially experienced only left shoulder symptoms but subsequently noted the additional symptoms as well. He was unable to continue working. The injured worker was initially evaluated and treated at the hospital. He recalls undergoing diagnostic testing in 2012, but does not know what was performed. He was treated with medications, injections, brace, and when this failed to improve his symptoms, he underwent a left shoulder surgery on 06/24/12. This was an arthroscopy and a rotator cuff repair. Following surgery of his left shoulder, the injured worker developed adhesive capsulitis. He had an MRI on 02/13/13 which showed interval subacromial degeneration and Mumford procedure. Mild irregularity along the superior labrum, probably post-surgical is noted. The injured worker continued to complain of left shoulder discomfort but symptoms have improved with therapy. The most recent clinical note submitted for review dated 03/24/14, the injured worker complained of continued pain in his left shoulder. Pain is rated 4/10 on a visual analog scale. He complains of on and off pain that radiates into his neck. Physical examination of the left shoulder reveals range of motion at 50% of the normal range. There is tenderness to palpation over the greater tuberosity of the humerus. Positive impingement test. Positive subacromial clicking and grinding. Muscle strength is 3/5. Diagnosis is left shoulder strain/sprain status post arthroscopic surgery. Rotator cuff repair on 06/24/12 with adhesive capsulitis. Left wrist sprain/strain rule out internal derangement. Left hand strain/sprain rule out tendonitis/carpal tunnel syndrome. Cervical spine strain/strain rule out herniated cervical disc with radiculitis/radiculopathy. Lumbar spine strain/sprain rule out herniated lumbar disc with radiculitis/radiculopathy. Prior utilization review dated 03/28/14 was non-certified. The request is for retrospective request for Ibuprofen 800mg #90 (30 days' supply)

02/17/14. Retrospective request for Tizanidine 4mg #60 (30 days' supply) 02/17/14. Retrospective request for Tramadol 50mg #90 (30 days' supply) 02/17/14. Retrospective request for Omeprazole DR 20mg #30 (30 days' supply) 02/17/14. In review of the medical records submitted, the visual analog scale did not change. It was rated as 4-5/10. There have been no notes of functional improvement. And there has been just 1 urinary drug screen that was completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ibuprofen 800mg #90 (30 day supply) 2/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The retrospective request for Ibuprofen 800mg #90 (30 days' supply) 02/17/14 is not medically necessary. The clinical documentation submitted for review does not support the request. In review of the medical records submitted, the visual analog scale did not change. It was rated as 4-5/10. There have been no notes of functional improvement. Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Therefore, medical necessity has not been established.

Retrospective request for Tizanidine 4mg #60 (30 day supply) 2/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants (for pain).

Decision rationale: The retrospective request for Tizanidine 4mg #60 (30 days' supply) 02/17/14 is not medically necessary. The current evidenced based guidelines do not support the request. Tizanidine is Food and Drug Administration approved for management of spasticity. There is no documentation of spasticity. Therefore, medical necessity has not been established.

Retrospective request for Tramadol HCL 50mg #90 (30 day supply) 2/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

Decision rationale: The retrospective request for Tramadol 50mg #90 (30 days' supply) 02/17/14 is not medically necessary. The The clinical documentation submitted for review does not support the request. In review of the medical records submitted, the visual analog scale did not change. It was rated as 4-5/10. There have been no notes of functional improvement. And there has been just one urinary drug screen that was completed. As such, medical necessity has not been established.

Retrospective request for Omeprazole DR 20mg #30 (30 day supply) 2/17/14: 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 (PPIs).

Decision rationale: The retrospective request for Omeprazole DR 20mg #30 (30 days' supply) 02/17/14 is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation of gastrointstinal problems. This request is predicated on the request for Ibuprofen. As this has not been found to be medically necessary, the subsequent request is not medically necessary.