

Case Number:	CM14-0038815		
Date Assigned:	06/27/2014	Date of Injury:	03/04/2004
Decision Date:	08/05/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 71-year-old male who complaints of his neck, right upper extremity and right shoulder pain as a result of an industrial cumulative injury occurring through 03/04/2004, while employed as a senior drafter operator. He underwent right arthroscopic rotator cuff repair dated 05/29/2008. The injured worker had an evaluation on 04/17/2014, to follow-up on a visit where he reported no changes in the location of pain and his pain level has decreased since his last visit. The level of pain was not provided. There were no new side effects or no problems reported. His quality of sleep was fair. He is not currently trying any other therapies for pain relief. The injured worker did state that he was taking his medications and that they were working well. There were no side effects reported. The injured worker stated that he has shown some improvement in his pain level with Ultram that he was taking three (3) times a day. He states that he takes Prevacid for acid reflux secondary to this medication. The review of symptoms shows that he did not complain of any gastrointestinal issues, no constipation, and no heartburn. His current medication list included Naprosyn, Prevacid, Ultram, amlodipine besylate, aspirin enteric coated, and Losartan potassium. Also, the injured worker is taking lovastatin and metoprolol Tartrate and Tamsulosin. His diagnoses consist of cervical radiculopathy and cervical facet syndrome and shoulder pain. The report does state that his urine toxin screen is negative for opioids although the actual urine toxin screen was not provided. The recommended plan of treatment is to continue his medications at this time. The request referral authorization was signed on 05/21/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg tablet #100, needed for pain: 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 Opioids Page(s): 74-80, and 84.

Decision rationale: The Chronic Pain Guidelines require four monitoring domains for the ongoing management of opioids, which are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. There is no documentation or evidence of side effects or no evidence of pain management and assessment and efficacy. The injured worker does have a urinalysis, but it does not show any evidence of opioids in his urine according to his exam. It is said that the injured worker takes the Ultram three (3) times a day. The guidelines also indicate that there are no long-term studies to allow for recommendations for longer than three (3) months for tramadol (Ultram). Therefore, the request for the Ultram 50 mg tablets is not medically necessary.

Prevacid 30mg capsule #30, needed to arrest the side effect of other medications: 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, GI symptoms, and cardiovascular risk Page(s): 68.

Decision rationale: The Chronic Pain Guidelines recommend that Prevacid be given if injured worker is at risk for gastrointestinal events, such as over the age of 65, has a history of peptic ulcer or gastrointestinal (GI) bleeding or perforation, has concurrent use of aspirin, corticosteroids and/or anticoagulant, is on high dose of multiple non-steroidal anti-inflammatory drugs (NSAIDs) or low dose of aspirin, and the injured worker has no complaints of any GI symptoms. Although he is over the age of 65, he has not had a history of peptic ulcer or GI bleedings, and currently he has no complaints of gastrointestinal distress. Therefore, the request for Prevacid 30 mg is not medically necessary.