

Case Number:	CM14-0045060		
Date Assigned:	07/02/2014	Date of Injury:	12/11/2009
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 records presented for review indicate that this 50-year-old female was injured on December 11, 2009. The mechanism of injury was reaching out to collect a toll. The most recent progress note, dated March 13, 2014, indicated that there were ongoing complaints of neck and left shoulder pains. The physical examination demonstrated diffuse tenderness about the left shoulder and trapezius. Left shoulder abduction was limited to 120 degrees. There was a positive left sided impingement test. The treatment plan included Norco, Effexor, Ultracet, Protonix, naproxen, and Flexeril. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included ice, massage, and oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain.

Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, the request for Ultracet is not medically necessary.

Protonix 20mg QTY: 60.00: Upheld

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

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There was no indication in the record provided of a GI disorder. Additionally, the injured employee did not have a significant risk factor for potential GI complications as outlined by the MTUS. Therefore, this request for Protonix is not medically necessary.

Naproxen sodium 550mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Antiinflammatories such as naproxen are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record, there was no reported decreased pain and increased functional activity related directly to the use of naproxen. Therefore, this request for naproxen sodium is not medically necessary.

Flexeril 7.5mg QTY 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that muscle relaxants are indicated as second line treatment options for the short-term treatment of acute exacerbations of chronic low back pain. The attached medical record did not indicate that

the injured employee was having any exacerbations of low back pain, nor were there any muscle spasms noted on physical examination. For these reasons, this request for Flexeril is not medically necessary.