

Case Number:	CM14-0047940		
Date Assigned:	07/02/2014	Date of Injury:	05/19/2013
Decision Date:	09/09/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/16/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 53 year old female was injured at work on 05/19/2013. She complains of constant/ persistent pain in her right shoulder that goes up to the neck and upper back. The physical examination is positive for severe limitation of right shoulder range of motion; weakness of right shoulder, positive impingement signs and tenderness. She has been diagnosed of Rotator cuff syndrome; basal Joint arthropathy with recurrent right shoulder tendinopathy; history of right shoulder repair with subacromial decompression. She is being treated with Voltaren, Tramadol and Protonix, and Xanax. She has also had steroid injections. In dispute is her doctor's request for additional Voltaren 100mg #30; Protonix 20mg #60; Ultram ER (Tramadol) 150mg #60; and Xanax 1mg 1 tab #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Nonsteroidal antiinflammatory drugs > Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) <Shoulder Disorders>, page(s)

<Online Edition> <http://apg-i.acoem.org/Browser/ViewRecommendation.aspx?rcm=2760>, 08/31/14 >.

Decision rationale: The NSAIDs are recommended first line drugs for a short period of time for the treatment of acute, subacute, or chronic shoulder pain; particularly rotator cuff tendinopathies and for post-operative pain. The ACOEM guidelines recommend that if used for post-operative pain, they are to be used for 2-8 weeks if no complications occur. The MTUS recommends Voltaren-XR: 100 mg PO once daily for chronic maintenance therapy. The records reviewed reveal that the injured worker has made no improvement after about six or more months of usage. Based on this, Voltaren is not medically necessary in this case, since continued use will lead to adverse effects with no benefit.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < NSAIDs, GI symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker is less than 65 years of age, has no history of GI side effects to NSAIDs; she does not have a history of peptic ulcer; neither is she taking oral steroids or combination NSAIDs. Therefore, she does not have gastrointestinal risks that will make it necessary to add the proton pump inhibitors to her treatment. Furthermore, since voltaren, an NSAID has been discontinued; there is no more need for Proton pump inhibitors.

Ultram ER (Tramadol) 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids> Page(s): 78-80.

Decision rationale: Over the past five or more months the injured worker has been on this medication, the drug has not met the guideline the MTUS recommend for continued use of opioid, which are: patient's decreased pain, increased level of function, or improved quality of life. Therefore this request is not medically necessary.

Xanax 1mg 1 tab #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
<Benzodiazepines Page(s): 24.

Decision rationale: The benzodiazepines are not recommended for long term use more than 4 weeks. The records reviewed indicate this medication had been prescribed in previous visits. Therefore this request exceeds the guideline recommendations and is not medically necessary.