

Case Number:	CM14-0052265		
Date Assigned:	09/12/2014	Date of Injury:	03/01/2011
Decision Date:	10/15/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/21/2014

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 Preventative Medicine, has a subspecialty in Occupational 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 60 year old female who was injured at work on 03/11/2011. During a doctor visit on 02/17/2014, she complained of pain in her right shoulder and upper arm. She described the pain as sharp, tender, throbbing and burning. The pain was 4/10 in her right shoulder with medications and 6/10 without medications; but 2/10 with medications and 6/10 without medications for the right upper arm. The pain is made worse by grasping, grabbing, over head movement and constant use; while it improves with cold, heat and rest. The pain is associated with limitation in her range of motion, as well as numbness. The injured worker has been taking omeprazole because Anaprox gives her heartburn. Also, because she was experiencing swellings believed to be due to inflammation, she taking Cetirizine. She is doing regular duty and is able to do basic activities of daily living. The physical examination revealed healed incisional scar in her right shoulder, limited shoulder range of motion, positive Neer, Hawking, and O'brein impingement signs; positive empty can and drop arm tests; positive palpable tenderness of the right bicipital groove, subdeltoid bursa, and lateral edge of the rotator cuff. She has been diagnosed of rotator cuff tear; shoulder bursae and tendon disorder; right bicipital long head tendinosynovitis; right bicipital tenosynovitis; shoulder impingement; bursitis NEC, subdeltoid bursitis, right. Her treatments have included physical therapy, she has been on Anaprox Ds 550; Cetirizine, Cyclobenzapryne; Norco 2.5/325; and Omeprazole; Metoprolol since 09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox Da 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The injured worker sustained a work related injury on 03/11/2011. The medical records provided indicate the diagnosis of rotator cuff tear; shoulder bursae and tendon disorder; right bicipital long head tendinosynovitis; right bicipital tenosynovitis; shoulder impingement; bursitis NEC, subdeltoid bursitis, right. Treatments have included physical therapy; Anaprox Ds 550; Cetirizine, Cyclobenzapryne; Norco 2.5/325; and Omeprazole; Metoprolol since 09/2013. The medical records provided for review do not indicate a medical necessity for Anaprox Da 550mg #60. The MTUS does not recommend prolonged use of proton pump inhibitors due to the risk of Hip fracture. The injured worker is reported to be experiencing heartburn due to the use of Anaprox, therefore she has been on treatment over the past six or more months with Omeprazole, a proton pump inhibitor. Additionally, the MTUS recommends that non-steroidal anti-inflammatory drugs be used at the lowers dose for a short time. The requested treatment is not medically necessary and appropriate.

Cetirizine Hcl 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-219.

Decision rationale: The injured worker sustained a work related injury on 03/11/2011. The medical records provided indicate the diagnosis of rotator cuff tear; shoulder bursae and tendon disorder; right bicipital long head tendinosynovitis; right bicipital tenosynovitis; shoulder impingement; bursitis NEC, subdeltoid bursitis, right. Treatments have included physical therapy; Anaprox Ds 550; Cetirizine, Cyclobenzapryne; Norco 2.5/325; and Omeprazole; Metoprolol since 09/2013. The medical records provided for review do not indicate a medical necessity for Cetirizine Hcl 10mg #. The MTUS does not recommend the use of Cetirizine Hcl in the treatment of shoulder disorder or chronic pain. Furthermore, the medical records reviewed indicate the injured worker has been using Cetirizine for at least six months for antihistamine effect to decrease swelling and inflammation; however, the records did not provide any information indicating that she has continued to experience swelling and inflammation. Therefore, the requested treatment is not medically necessary.

Cyclobenzaprine Hcl 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: The injured worker sustained a work related injury on 03/11/2011. The medical records provided indicate the diagnosis of rotator cuff tear; shoulder bursae and tendon disorder; right bicipital long head tendinosynovitis; right bicipital tenosynovitis; shoulder impingement; bursitis NEC, subdeltoid bursitis, right. Treatments have included physical therapy; Anaprox Ds 550; Cetirizine, Cyclobenzapryne; Norco 2.5/325; and Omeprazole; Metoprolol since 09/2013. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine Hcl 7.5mg #60. The MTUS does not recommend the use of Cyclobenzaprine for more than two weeks due to the increasing adverse effects and the fact that optimal response is within 4 days. The records indicate the injured worker has used this drug for at least six months; therefore, the requested treatment is not medically necessary.

Omeprazole Dr 20mg 330 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The injured worker sustained a work related injury on 03/11/2011. The medical records provided indicate the diagnosis of rotator cuff tear; shoulder bursae and tendon disorder; right bicipital long head tendinosynovitis; right bicipital tenosynovitis; shoulder impingement; bursitis NEC, subdeltoid bursitis, right. Treatments have included physical therapy; Anaprox Ds 550; Cetirizine, Cyclobenzapryne; Norco 2.5/325; and Omeprazole; Metoprolol since 09/2013. The medical records provided for review do not indicate a medical necessity for Omeprazole Dr 20mg 330 #30. The MTUS does not recommend prolonged use of proton pump inhibitors due to the risk of Hip fracture. The injured worker is reported to be experiencing heartburn due to the use of Anaprox, therefore she has been on treatment with Omeprazole, a proton pump inhibitor. The requested treatment is not medically necessary and appropriate.

Norco 2.5/325mg #60: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 03/11/2011. The medical records provided indicate the diagnosis of rotator cuff tear; shoulder bursae and tendon disorder; right bicipital long head tendinosynovitis; right bicipital tenosynovitis; shoulder

impingement; bursitis NEC, subdeltoid bursitis, right. Treatments have included physical therapy; Anaprox Ds 550; Cetirizine, Cyclobenzapryne; Norco 2.5/325; and Omeprazole; Metoprolol since 09/2013. The medical records provided for review do not indicate a medical necessity for Norco 2.5/325mg #60. Besides recommending that opioids should be used at the lowest possible dose for a short period in the treatment of chronic pain, the MTUS recommends that on-going opioid treatment should include continuously monitoring to ensure that it is from one prescriber and pharmacy, there is no diversion or misuse; there is an opioid agreement. The records reviewed indicate the injured worker has been on this drug for at least six months, but the records failed provide evidence of documentation of monitoring and plans of how to wean the injured worker of this medications. The requested treatment is not medically necessary.