

Case Number:	CM14-0055504		
Date Assigned:	07/09/2014	Date of Injury:	07/01/2013
Decision Date:	09/03/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/24/2014

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 41-year-old female injured on 07/01/13 because of cumulative trauma while performing normal job duties resulting in left shoulder pain, weakness, numbness, and tingling in the forearm. The diagnoses included left shoulder impingement, left acromioclavicular cartilage disorder and left subacromial/subdeltoid bursitis. Clinical note dated 03/20/14 indicated the injured worker presented complaining of left shoulder pain rated 5/10 described as dull and achy with occasional sharp sensation into the front shoulder with associated numbness radiating into the front shoulder. The physical examination of the left shoulder revealed positive Neer/90 degree crossover impingement test/Apley/Hawkin/weak abduction against resistance, no loss of musculature, no loss of sensation, no acromioclavicular joint tenderness to palpation, positive acromioclavicular click with range of motion both passively and actively. The clinical note dated 03/18/14 indicated intent for prescriptions naproxen 550 mg one tablet twice a day #60, Omeprazole 20 mg one tablet daily #30 for gastric mucosa and history of gastroesophageal reflux disease and Tramadol 50 mg one tablet three times a day as needed #90 for breakthrough pain. The initial request for one prescription of Tramadol 50 mg #90 with two refills and Omeprazole 20 mg #30 with two refills was not medically necessary on 03/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale pain scores for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of a prescription of Tramadol 50 mg #90 with 2 refills cannot be established at this time.

1 prescription of Omeprazole 20mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of Dyspepsia Secondary to NSAID therapy.

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.

Decision rationale: As noted in the Official Disability Guidelines, pain chapter, PPIs are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of NSAID use. The documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for a prescription of Omeprazole 20 mg #30 with 2 refills is recommended as medically necessary.