MAXIMUS Federal Services

Case Number:	CM14-0070212		
Date Assigned:	07/14/2014	Date of Injury:	06/01/2010
Decision Date:	09/12/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 & 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 57-year old male who sustained work-related injuries on June 1, 2010. Per medical records dated March 24, 2014 the injured worker reported that he has been taking tramadol, Motrin, and omeprazole. He indicated that his pain level was rated at 7-8/10 and medications helped reduce his pain. He also stated that pain radiates to the left shoulder down the arm with numbness and tingling sensation to the left arm down to the hand. Regarding his left shoulder, off and on pain was noted with limited range of motion and cracking with movement. Objectively, positive axial compression was noted on the base of the neck. Tenderness was also noted over the left base of the occiput, upper trapezius, levator scapulae and rhomboids. An magnetic resonance imaging scan of the cervical spine dated April 24, 2014 revealed at C2 C3 a 2-millimeter posterior disc bulge with slight to mild anterior indentation of the dura but no deformity of the spinal cord; At C3-C4, there is a 4-mm posterior disc bulge with mild diffuse flattening of the dura and bilateral neural foraminal narrowing which is mild to moderate on the left and mild on the right. Anterior osteophytic riding was also noted. At C4-C5, there is disc space narrowing with loss of nucleus pulposus signal intensity and a two-millimeter disc bulge with mild diffuse anterior flattening of the dura. Moderate to severe bilateral neural foraminal narrowing and anterior osteophytic ridging was noted. At C6-C7, disc space narrowing with loss of nucleus pulposus signal intensity and a three to four millimeter disc bulge coupled with two millimeter of posterior positioning of C6 on C7. There is mild to moderate diffuse anterior flattening of the dura, as well as moderate bilateral neural foraminal narrowing. Anterior osteophytic ridging is also identified. He is diagnosed with severance of the left biceps tendon with deformity of the biceps; tear of the rotator cuff, left shoulder; tear of glenoid labrum left shoulder; status post arthroscopic rotator cuff repair with release of biceps

tendon, left shoulder; and musculoligamentous sprain of the cervical spine with left upper extremity radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Evidence-based guidelines indicate that it is necessary to determine if an injured worker is at risk for gastrointestinal events which includes more than 65 years of age; has history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; high dose/multiple non steroidal anti-inflammatory drugs (e.g. non steroidal anti-inflammatory drugs + lose dose aspirin). In this case, the injured worker is only 57 years old who is taking tramadol, Motrin, and omeprazole. However, documentation showed that he does not have any history of peptic ulcer, gastrointestinal bleeding or perforation or any complaints of gastrointestinal-related events, nor does he have concurrent use of acetylsalicylic acid or aspirin, corticosteroids, anticoagulants, as well as high dose or multiple steroid / non steroidal anti-inflammatory drugs medications. Based on these reasons, the request is not medically necessary.

Tramadol / Acetaminophen / Ondansetron 100/250/2 mg quantity 90: 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 Opioids for neuropathic pain Page(s): 83-84.

Decision rationale: Evidence-based guidelines indicate that compounded drugs are recommended as an option after a trial of first-line food and drug administration-approved drugs, if compounded drug uses food and drug administration-approved ingredients that are recommended in the available guidelines. In this case, submitted medical records indicate that the patient has been taking tramadol, omeprazole and Motrin which the injured worker reported that these medications have been helpful in reducing his pain. However, review of this injured worker records indicate that there is no evidence that first-line oral treatments have trialed and failed. Therefor the request is not medically necessary.