

Case Number:	CM14-0075052		
Date Assigned:	07/16/2014	Date of Injury:	02/14/2008
Decision Date:	09/17/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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 30 year old male was reportedly injured on 2/14/2008. The mechanism of injury is undisclosed. The most recent progress note, dated 4/30/2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated the patient's right shoulder can easily dislocate and relocate. The right shoulder was with the inward and outward rotation of the upper extremity. No recent diagnostic studies are available for review. Previous treatment included right shoulder surgery, left wrist surgery, right knee surgery, and conservative treatment. A request was made for Omeprazole 20 milligrams quantity thirty, Phenergan 25 milligrams quantity 120, and Soma 350 milligrams quantity 180 and was not certified in the preauthorization process on 5/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of proton pump inhibitors (PPI) in patients taking nonsteroidal antiinflammatory medications with documented gastroesophageal (GI) distress symptoms and or significant risk factors. Review, of the available medical records, fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.

Phenergan 25mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic) Phenergan, Updated 7/10/2014.

Decision rationale: Phenergan (Promethazine) is a sedative hypnotic, commonly used as an antiemetic in the perioperative and postoperative setting. After review of the medical records provided, there is no subjective or objective clinical findings necessitating the use of this medication. Also according to Official Disability Guidelines (ODG), Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use. Therefore, this request is deemed not medically necessary.

Soma 350mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29.

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate, which is highly addictive. Medical Treatment Utilization Schedule (MTUS) specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the Chronic Pain Treatment Guidelines. As such, this medication is not considered medically necessary.