

Case Number:	CM14-0083637		
Date Assigned:	07/21/2014	Date of Injury:	11/16/2009
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with a date of injury of 11/16/2009. The listed diagnoses per Dr. [REDACTED] dated 05/13/2014 are: 1. Shoulder joint pain. 2. Carpal tunnel syndrome. According to this report, the patient complains of left shoulder pain. The patient states that the pain symptoms are about the same but more intense. She rates her pain a 6/10 to 7/10. Extremity weakness is noted in the left upper extremities. The patient is doing exercises and stretches at home but is limited by pain. The patient is taking Celexa 20 mg which the patient reports 30% decreased in pain and depression. She reports no side effects. The patient is also taking omeprazole 20 mg for medication induced GI symptoms. The physical exam shows the patient's gait is normal. Both upper extremities range of motion is limited due to pain. The utilization review denied the request on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #60 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, NSAIDs Page(s): 60, 61, 22, 67, 68.

Decision rationale: This patient presents with left shoulder pain. The treating physician is requesting Nabumetone 500 mg #60 with 2 refills. The MTUS Guidelines page 22 at anti-inflammatory medications states that anti-inflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume but long term use may not be warranted. The MTUS Guidelines page 60 and 61 on medications for chronic pain states that the relief of pain with the use of medications is generally temporary and measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The records show that the patient has been taking nabumetone since 11/11/2013. The treating physician documents medication efficacy stating, "These medications allow the patient to effectively manage pain and maintain current levels of functions. The medications continue to be medically necessary to relieve the effects of the industrial injury..." In this case, MTUS does support the use of anti-inflammatories as a first line treatment for pain and inflammation. Given the above this request is not medically necessary.

Celexa 20mg #30 with 2 refills: Overturned

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 Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with left shoulder pain. The treater is requesting Celexa 20 mg #30 with 2 refills. The MTUS Guidelines page 13 to 15 on antidepressant states that it is recommended as a first line option for neuropathic pain and as the possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, partially tolerated, or contraindicated. The records show that the patient has been prescribed Celexa since 11/11/2013. The treater documents medication efficacy stating, "Medication effect reported by patient reveals a 30% decrease in pain and depression. Adverse side effects reported by pain, none." In this case, MTUS does recommend Celexa as a first line treatment option for neuropathic and non-neuropathic pain. Given the above this request is medically necessary.

Omeprazole 20mg #30 2 refills: Overturned

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 & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with left shoulder pain. The treater is requesting omeprazole 20 mg #30 with 2 refills. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patients at risk for gastrointestinal events: (1) Ages greater than 65; (2) History of peptic ulcer; (3) GI bleed or perforation; (4) Concurrent use of ASA or corticosteroids and/or anticoagulants; high dose multiple NSAIDs. The records show that the patient has been prescribed omeprazole since 11/11/2013. The treating physician documents on 05/13/2014, "The patient is taking omeprazole 20 mg for medication induced GI symptoms." Given that the treating physician documents GI events, this request is medically necessary.