

Case Number:	CM14-0089881		
Date Assigned:	09/19/2014	Date of Injury:	06/11/2012
Decision Date:	10/23/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 who reported an injury on 06/11/2012. The mechanism of injury was not provided. On 05/01/2014 the injured worker presented with sharp constant pain radiating into the neck. Upon examination of the right shoulder, there was tenderness to palpation at the acromioclavicular joint and anterior shoulder. There was a positive cross arm test and supraspinatus press test caused pain. The diagnoses were right shoulder myoligamentous injury and right shoulder sprain/strain. A current medication list was not provided. The provider recommended naproxen, omeprazole, and tramadol. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Naproxen Sodium (DOS 5-8-14): 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 NSAIDs Page(s): 70.

Decision rationale: The request for Retrospective usage of Naproxen Sodium (DOS 5-8-14) is not medically necessary. The MTUS Guidelines state that all NSAIDs are associated with the risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be use all NSAIDs for the shortest duration of time consistent with the individual treatment goals. A lack of evidence in the medical records provided of a complete and adequate pain assessment of the injured worker as well as the efficacy of the prior use of the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. There is lack of documentation of decreased pain or increased function. As such, medical necessity has not been established.

Retrospective Usage of Omeprazole (DOS 5-8-14): 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 NSAIDs Page(s): 70.

Decision rationale: The request for Retrospective Usage of Omeprazole (DOS 5-8-14) is not medically necessary. According to California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications for a moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker has a diagnosis congruent with guidelines recommendation for omeprazole. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. There is lack of documentation of the efficacy of the prior use of the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Retrospective usage of Tramadol (DOS 5-8-14): 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 Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Retrospective usage of Tramadol (DOS 5-8-14) is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Naproxen Sodium: 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 NSAIDs Page(s): 70.

Decision rationale: The request for Retrospective usage of Naproxen Sodium (DOS 5-8-14) is not medically necessary. The MTUS Guidelines state that all NSAIDs are associated with the risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be use all NSAIDs for the shortest duration of time consistent with the individual treatment goals. A lack of evidence in the medical records provided of a complete and adequate pain assessment of the injured worker as well as the efficacy of the prior use of the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. There is lack of documentation of decreased pain or increased function. As such, medical necessity has not been established.

Tramadol: 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 Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Retrospective usage of Tramadol (DOS 5-8-14) is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Omeprazole: 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 NSAIDs Page(s): 69.

Decision rationale: The request for Retrospective Usage of Omeprazole (DOS 5-8-14) is not medically necessary. According to California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications for a moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker has a diagnosis congruent with guidelines recommendation for omeprazole. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. There is lack of documentation of the efficacy of the prior use of the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.