

Case Number:	CM14-0180412		
Date Assigned:	11/05/2014	Date of Injury:	12/03/2008
Decision Date:	02/03/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 Rehab and is licensed to practice in ENTER STATE. 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 54 year old with an injury date on 12/3/08. Patient complains of unchanged severe left shoulder pain, right hand pain with increasing achiness which patient fears is overcompensation, overall pain rated 5-6/10 with medications, and 8/10 without medications per 10/10/14 report. Patient states Ibuprofen helps with her shoulder when inflamed, and would like to continue conservative treatment and avoid surgery per 10/10/14 report. Based on the 10/10/14 progress report provided by [REDACTED] the diagnoses are: 1. s/s of shoulder and upper arm 2. enthesopathy site not otherwise specified 3. spasm of muscle 4. pain in joint of shoulder 5. adhesive capsulitis of shoulder Exam on 10/10/14 showed "left shoulder limited range of motion." Patient's treatment history includes cryotherapy, heat therapy, home exercise program (stretching), and medications (NSAID, opioid). [REDACTED] is requesting ultram 50mg #60 with 1 refill BID, prilosec 20mg #30 with 1 refill BID, and ibuprofen 800mg #60 with 1 refill BID. The utilization review determination being challenged is dated 10/22/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/9/14 to 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88 and 89, 78.

Decision rationale: This patient presents with left shoulder pain, and right hand pain. The treating physician has asked for Ultram 50mg #60 with 1 refill b.i.d on 10/21/14. Patient has been taking Ultram since 4/9/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include Ultram, stating "pain is better controlled by current prescription" and "medications are working well" per 10/10/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. A CURES/PAR report is on file per 8/26/14 report, but no other aberrant behavior monitoring is provided other than a requested urine toxicology screen. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

Prilosec 20mg #30 with 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk; Medications for Chronic Pain Page(s): 69; 60, 61.

Decision rationale: This patient presents with left shoulder pain, and right hand pain. The treating physician has asked for Prilosec 20mg #30 with 1 refill b.i.d on 10/21/14. Patient has been taking Prilosec since 8/26/14. The 8/26/14 report states patient "denies any stomach upset." Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, current list of medications do not include an NSAID. There is no documentation of any GI issues such as GERD, gastritis or PUD for which a PPI may be indicated. The treating physician does not explain why this medication is being prescribed. Therefore, this request is not medically necessary.

Ibuprofen 800mg #60 with 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain Page(s): 60.

Decision rationale: This patient presents with left shoulder pain, and right hand pain. The treating physician has asked for Ibuprofen 800mg #60 with 1 refill b.i.d on 10/21/14. Patient has been taking Ibuprofen since 4/9/14 report. Regarding medications for chronic pain, MTUS pg. 60 states, "A record of pain and function with the medication should be recorded." In this case, the patient has been using Ibuprofen since 4/9/14 without documentation of pain relief or functional improvement. Therefore, this request is not medically necessary.