MAXIMUS Federal Services

Case Number:	CM14-0192611		
Date Assigned:	11/26/2014	Date of Injury:	03/19/2014
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 51 year old female who was injured on 3/19/2014 while opening a trailer door experiencing pain to her right shoulder. She was diagnosed with shoulder sprain/strain, brachial neuritis/radiculitis, and shoulder tendinitis/bursitis. Upon review of the records at the time of the injury she reported no history of gastritis or ulcers and no other significant medical history. She was treated with NSAID, opioids, and physical therapy/exercises. On 10/6/14, the worker was seen by her primary treating physician reporting continual neck and back pain with radiation to upper and lower extremities and associated paresthesia and numbness. No report on any subjective complaints about her shoulder was included in the note. Report on her medications explained that her Ultram use helped her to perform daily home exercises. Ultram had since been denied and her reported pain had since worsened and activities more limited (driving, lifting, pushing, pulling). Physical examination of the right shoulder showed impingement and Hawkins signs, and decreased range of motion. She was then recommended to continue her medications (Relafen, Prilosec, and Ultram ER) for a 5 month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was evidence to suggest that Ultram helped her to become more functional, however, it seems that her complaints at her office visits are for her neck and back pain, which are not accepted body parts related to her injury on 3/19/14. She experienced a muscle strain/sprain of her shoulder, and no complaints were included in the progress note at the time of this request. So, it is difficult to designate this medication as medically necessary for her shoulder, when it primarily is being used for her other body complaints, as far as might be interpreted from the notes available for review. Therefore, the Ultram ER as it relates to her shoulder injury is not medically necessary.

Prilosec 20mg #60 with 5 refills: 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 Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was introduction of Prilosec when beginning NSAID therapy after her shoulder injury. There was insufficient evidence to suggest that this worker required a proton pump inhibitor as there was no factors that would increase her risk of gastrointestinal event besides the continual Relafen use, which is not considered high doses. Also, in the opinion of the reviewer, her NSAID would also not be medically necessary, making the Prilosec not warranted. Therefore, considering the above, the Prilosec is not medically necessary to continue.

Relafen 750mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she had been using Relafen chronically for many months leading up to this request. There was no up to date description of her shoulder symptoms and also how the Relafen allowed her function to be improved in the most recent progress note leading up to this request, which is required for justifying continuation of the drug that is not benign. Therefore, without this documented evidence of functional benefit for her shoulder injury specifically, the Relafen will be considered medically unnecessary to continue.