

Case Number:	CM14-0203861		
Date Assigned:	12/16/2014	Date of Injury:	12/23/2008
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 has a date of injury of 12/23/08. She is being treated for shoulder pain diagnosed as a rotator cuff injury and adhesive capsulitis. Physical examination is significant for impaired shoulder range of motion notable for shoulder abduction and flexion 100 and shoulder internal rotation 25 and external rotation 45. There are signs of crepitus and impingement. Plan is to proceed with physical therapy to improve range of motion and continue with pain medications which includes hydrocodone 10/325 mg 1-2 tablets every 12 hours. She is also being prescribed omeprazole 20 mg twice daily for symptoms of reflux associated with NSAID use. Records indicate a history of NSAID gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The injured worker is being treated for chronic shoulder pain diagnosed as rotator cuff injury and adhesive capsulitis status post rotator cuff repair. Postoperative physical therapy is planned. Request has been made for cyclobenzaprine 10 mg twice a day for one month for shoulder spasticity. MTUS guidelines recommends Cyclobenzaprine for short-term use in pain conditions. Request as stated is not for short-term use. In addition, records do not support the diagnosis of spasticity, but rather skeletal muscle pain and tightness. Cyclobenzaprine 5 mg twice daily is therefore not medically necessary.

Pantoprazole 20mg #60: Upheld

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 NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: The injured worker is being treated for chronic shoulder pain diagnosed as rotator cuff injury and adhesive capsulitis status post rotator cuff repair. Records indicate that there is an endoscopy diagnosis of gastritis and the patient is complaining of reflux symptoms. The primary treating provider has therefore prescribed pantoprazole 20 mg twice a day. Proton pump inhibitors are generally recommended for those patients with high risk for gastrointestinal events. The records do not reveal that the patient is on an NSAID or other agent to increase the risks of bleeding. Nor does the documentation support a history of peptic ulcer disease or symptoms thereof. The request for pantoprazole is therefore not medically necessary.