MAXIMUS Federal Services

Case Number:	CM14-0205024		
Date Assigned:	12/17/2014	Date of Injury:	11/18/2013
Decision Date:	02/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/08/2014

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 Practice, 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 injured worker is a 66 year-old male who was injured on 11/18/13 after tripping on another employee, falling onto his left knee, twisting and injuring his left shoulder and neck. He complains of neck pain, left shoulder, and left knee pain, rated at 8-10/10. On exam, he had tender cervical paraspinal muscles, trapezius, with decreased range of motion and positive Neers and Hawkins maneuvers. An MRI of the left shoulder showed moderate arthritic change of the acromioclavicular joint and mild subacromial, subdeltoid bursitis, and a full thickness tear of the rotator cuff. MRI of the cervical spine showed moderate-to severe disc height loss and endplate degenerative changes at C3-4 and C6-7, severe facet arthropathy at C4-5, moderate spinal stenosis at C5-6, and moderate-to-severe right neural foraminal stenosis at C3-4. He was diagnosed with sprain of neck, shoulder, upper arm, and knee. He had a listed diagnosis of gastritis but no supporting documentation. He is currently taking Norco. He continues with a home exercise program. The current request is for Zantac and Norco which were not certified by utilization review on 11/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Zantac is medically unnecessary. The patient does not have any documented risk factors for adverse gastrointestinal effects or symptoms indicating a need for a H2blocker. As per the MTUS guidelines, risk factors include "age greater than 65, history of peptic ulcers or gastrointestinal bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple anti-inflammatory medications", all of which, except age, did not apply to the patient. The patient had a listed diagnosis of gastritis but no supporting details in the history. The patient was not on long-term NSAIDs. Therefore, the request for Zantac is not medically necessary.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There was a urine drug screen that did not show any evidence of Hydrocodone. There are no clear plans for future weaning, or goal of care. It is unclear if the patient had other conservative measures such as acupuncture or chiropractic sessions and if there was improvement from these modalities. Because of these reasons, the request for Norco is considered medically unnecessary.