MAXIMUS Federal Services

Case Number:	CM14-0209468		
Date Assigned:	12/22/2014	Date of Injury:	07/29/2013
Decision Date:	02/19/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/15/2014

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 48-year-old male who reported an injury on 07/29/2013. The mechanism of injury was not provided. His diagnosis includes status post right shoulder arthroscopic subacromial decompression. His past treatments include medications, 12 sessions of physical therapy, and a TENS unit. The diagnostic studies were not provided within the submitted documentation for review. His pertinent surgical history includes a right shoulder surgery on 08/11/2014. The patient presented on 11/07/2014 with complaints of right shoulder pain rated a 6/10. Upon physical examination, tenderness to palpation was noted to the right shoulder. Right shoulder range of motion had improved. Conditioning to the right deltoid musculature had improved and spasm of the cervical trapezius had decreased. The treatment plan included to continue cyclobenzaprine 10 mg daily, hydrocodone 10 mg twice daily when necessary for severe and breakthrough pain, to continue tramadol ER 150 mg twice a day, continue over the counter ibuprofen, and pantoprazole 20 mg twice daily. The clinical note for this state that toxicology screen was reviewed and findings were consistent with medication consumption. It was further indicated that the patient fulfills the criterion for at risk category due to historic poor response to opioids, depression (reactive), history of no return to work for some time following injury, therefore test today consistent with ODG per wrist category indicated pursuant to CPTNG. The rationale for the request was for pain control. His current medications include cyclobenzaprine, hydrocodone, tramadol ER, over the counter ibuprofen, and pantoprazole. A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol ER 150mg #60: 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, On-Going Management Page(s): 76-78.

Decision rationale: The request for Retro Tramadol ER 150mg #60 is not medically necessary. The patient has right shoulder pain. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation did not include a detailed pain assessment to establish adequate pain relief with use of tramadol. There was also no evidence of functional improvement or lack of adverse effects and aberrant behaviors. Additionally, a urine drug screen was submitted that was dated 07/18/2014. However, clinical notes dated 11/07/2014, indicated that a urine drug screen was collected on that date but was not submitted with the documentation for review to verify appropriate medication use. In the absence of documentation showing details regarding the injured worker's medications, including his use of tramadol, and the appropriate documentation to support the ongoing use of opioids, the request is not supported. Moreover, the request as submitted did not specify a frequency of use. As such, the retro request for Retro Tramadol ER 150mg #60 is not medically necessary.

Naproxen Sodium 550mg #90: 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 NSAID'S Page(s): 67.

Decision rationale: The request for Naproxen Sodium 550mg #90 is not medically necessary. The patient has chronic shoulder pain. The California MTUS Guidelines state that there is no evidence to recommend 1 drug in this class over another based on efficacy. Additionally, the documentation submitted for review provided evidence that the patient had been taking over the counter ibuprofen without any documented evidence of no relief from the use of ibuprofen. Additionally, the request as submitted failed to include a frequency of use. Given the above, the request as submitted does not support the evidence based guidelines. As such, the request for Naproxen Sodium 550mg #90 is not medically necessary.

Pantoprazole 20mg #90 DOS: 10/17/2014: 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, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Pantoprazole 20mg #90 DOS 10/17/2014 is not medically necessary. The patient has chronic right shoulder pain. The California MTUS Guidelines recommend the use of proton pump inhibitors if the patient is at risk for gastrointestinal events such as older than 65 years, history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose or multiple NSAIDs. The documentation submitted for review failed to provide evidence of the patient using high dose or multiple NSAIDs or being at risk for gastrointestinal events such as a history of peptic ulcer or GI bleed. Additionally, there was no reported side effects from the patient's use of over the counter ibuprofen. There was no documented side effects from the patient's use of over the counter ibuprofen or tramadol. Given the above, the request does not support the evidence based guidelines. As such, the request for Pantoprazole 20mg #90 DOS 10/17/2014 is not medically necessary.