

Case Number:	CM15-0002226		
Date Assigned:	01/13/2015	Date of Injury:	10/31/2009
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 female who reported an injury on 10/31/2009. The mechanism of injury involved repetitive lifting. The current diagnoses include chronic right shoulder pain and probable glenohumeral instability of the right shoulder. The injured worker presented on 12/04/2014. Subjective complains and objective findings were not provided. The injured worker was issued prescriptions for Butrans and Colace. On a previous progress note dated 10/22/2014, the injured worker presented with complaints of persistent right shoulder pain. Previous conservative treatment was noted to include physical therapy and medication management. It was noted that the injured worker underwent a left shoulder arthroscopy with subacromial decompression and repair of a partial thickness rotator cuff tear on 04/01/2010. Upon examination, there was decreased left shoulder range of motion, tenderness over the cervical spine, limited left shoulder range of motion, diffuse tenderness over the left shoulder girdle, tenderness over the sternoclavicular and acromioclavicular joint, positive impingement signs, and positive O'Brien's SLAP test. Recommendations at that time included an ultrasound guided injection. The injured worker was utilizing Butrans patch, Tylenol, Allegra, omega, and vitamins. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Colace 50mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintain appropriate hydration, and advising the patient to follow a proper diet. There was no mention of an attempt at first line treatment prior to the initiation of a prescription product. The injured worker did not present with complaints of chronic constipation. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

4 Butrans Patches 5 MCG/HR with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: The California MTUS Guidelines recommend buprenorphine for treatment of opioid addiction. It is also recommended as an option for chronic pain after detoxification in patients who have a history of opioid addiction. The injured worker does not meet the above mentioned criteria. There was no documentation of opioid addiction or a previous detoxification. There was also no documentation of objective functional improvement despite the ongoing use of this medication. Given the above, the request is not medically appropriate.