

Case Number:	CM15-0136685		
Date Assigned:	07/24/2015	Date of Injury:	04/15/2014
Decision Date:	09/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old female, who sustained an industrial injury on April 15, 2014. The injured worker was diagnosed as having lumbosacral radiculopathy and joint derangement of shoulder. Treatment to date has included right shoulder surgery, therapy, injections and medication. A progress note dated June 3, 2015 provides the injured worker complains of back, hip and left knee pain. Physical exam notes the injured worker is "utterly uncomfortable" and crying. There is lumbar tenderness to palpation and spasm with decreased range of motion (ROM). There is right upper extremity impingement and painful range of motion (ROM). Both hips exhibit painful range of motion (ROM) and there is left knee discomfort. The plan includes medication changes and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in April 2014 and continues to be treated for low back, bilateral hip, bilateral leg, left shoulder, and right elbow and hand pain. Case notes reference Hydrocodone with partial benefit. When seen, she was noted to be crying and was uncomfortable. Physical examination findings included decreased lumbar spine range of motion with muscle spasms and tenderness. There was pain with shoulder range of motion with positive impingement testing. There was pain with hip range of motion and left knee discomfort. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prevacid (lansoprazole) was not medically necessary.

Tylenol No. 4 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in April 2014 and continues to be treated for low back, bilateral hip, bilateral leg, left shoulder, and right elbow and hand pain. Case notes reference Hydrocodone with partial benefit. When seen, she was noted to be crying and was uncomfortable. Physical examination findings included decreased lumbar spine range of motion with muscle spasms and tenderness. There was pain with shoulder range of motion with positive impingement testing. There was pain with hip range of motion and left knee discomfort. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Tylenol #4 is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing significant pain and current medications were only providing partial benefit. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

Diclofenac Sodium 100mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in April 2014 and continues to be treated for low back, bilateral hip, bilateral leg, left shoulder, and right elbow and hand pain. Case notes reference Hydrocodone with partial benefit. When seen, she was noted to be crying and was uncomfortable. Physical examination findings included decreased lumbar spine range of motion with muscle spasms and tenderness. There was pain with shoulder range of motion with positive impingement testing. There was pain with hip range of motion and left knee discomfort. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the requested dosing is within guideline recommendations and medically necessary.