

Case Number:	CM15-0139318		
Date Assigned:	07/29/2015	Date of Injury:	04/17/2006
Decision Date:	08/31/2015	UR Denial Date:	06/21/2015
Priority:	Standard	Application Received:	07/17/2015

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
 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 is a 60 year old male who sustained an industrial injury on 04/17/2006. Mechanism of injury occurred when he fell off a tractor at a height of about 5 feet injuring his right shoulder. He had an injury to his thumb on 10/28/2005 when it got caught in a piece of machinery. Diagnoses include acromioclavicular separation, right shoulder sprain, cervical strain, and laceration of thumb. Present treatment is medication management. A physician progress note dated 05/22/2015 documents the injured worker has complaints of right shoulder and thumb pain. He has pain in his right shoulder and thumb. His medications help with the pain and activities. He deals with the pain. Thumb and right shoulder are not tender. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for an unknown prescription of Etodolac, unknown prescription of Prevacid, and unknown prescription of Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Etodolac: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient was injured on 04/17/08 and presents with right shoulder pain and thumb pain. The request is for an UNKNOWN PRESCRIPTION OF ETODOLAC. The utilization review denial rationale is that there does not appear to be any continued, quantifiable improvements in pain or function overall. The RFA is dated 05/22/15 and the patient is to return to full duty on schedule, 15% disability. He has been taking this medication as early as 12/18/14. Regarding NSAIDs, MTUS page 22 states Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs in chronic LBP and of antidepressants in chronic LBP. On 12/18/14, the patient indicated that his pain decreased from a 5/10 to a 3/10. On 02/12/15, he rated his pain as a 6/10. The 03/27/15 report states that the patient's pain decreased from a 5/10 to a 2-5/10. He is diagnosed with acromioclavicular separation, right shoulder sprain, cervical strain, dyspepsia, tuft fracture, and laceration of thumb. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the patient benefits from Etodolac. Therefore, the request IS medically necessary.

Unknown Prescription of Zanaflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: The patient was injured on 04/17/08 and presents with right shoulder pain and thumb pain. The request is for an UNKNOWN PRESCRIPTION OF ETODOLAC. The utilization review denial rationale is that there does not appear to be any continued, quantifiable improvements in pain or function overall. The RFA is dated 05/22/15 and the patient is to return to full duty on schedule, 15% disability. He has been taking this medication as early as 12/18/14. Regarding NSAIDs, MTUS page 22 states Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs in chronic LBP and of antidepressants in chronic LBP. On 12/18/14, the patient indicated that his pain decreased from a 5/10 to a 3/10. On 02/12/15, he rated his pain as a 6/10. The 03/27/15 report states that the patient's pain decreased from a 5/10 to a 2-5/10. He is diagnosed with acromioclavicular separation, right shoulder sprain, cervical strain, dyspepsia, tuft fracture, and laceration of thumb. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the patient benefits from Etodolac. Therefore, the request IS medically necessary.

Unknown Prescription of Prevacid: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient was injured on 04/17/08 and presents with right shoulder pain and thumb pain. The request is for an UNKNOWN PRESCRIPTION OF PREVACID. The utilization review denial rationale is that the concurrent request for an NSAID has been non-certified. Thus, there is no need for a proton pump inhibitor to treat gastrointestinal dysfunction caused by NSAIDs. The RFA is dated 05/22/15 and the patient is to return to full duty on schedule, 15% disability. He has been taking this medication as early as 12/18/14. MTUS Guidelines regarding NSAIDs, GI symptoms & cardiovascular risk, page 60 and 69, state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 continues to state, NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. He is diagnosed with acromioclavicular separation, right shoulder sprain, cervical strain, dyspepsia, tuft fracture, and laceration of thumb. This patient is currently taking Etodolac and Zanaflex. In this case, the treater is requesting for Prevacid for the patient's dypepsia. The patient is also taking Etodolac which is an NSAID. Given that the patient continues to have dypepsia, the requested Prevacid appears reasonable. Use of PPIs is indicated for dypepsia and other stomach issues, as this patient presents with. Therefore, the requested Prevacid IS medically necessary.