MAXIMUS Federal Services

Case Number:	CM15-0139924		
Date Assigned:	08/26/2015	Date of Injury:	07/20/2014
Decision Date:	09/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 45 year old, male who sustained a work related injury on 7-20-14. The diagnoses have included right shoulder internal derangement, right shoulder impingement and right shoulder acromioclavicular joint osteoarthritis. Treatments have included oral medications, creams-ointments, ice-heat therapy, chiropractic treatments, and bracing. In the Primary Treating Physician's Supplemental Report dated 5-13-15, the injured worker reports right shoulder pain. He rates his pain level an 8 out of 10. He reports the pain is associated with weakness and numbness in the right arm and shoulder. The pain radiates to his neck, upper arm, upper back and jaw. He reports that overhead reaching, lifting, pushing and pulling make the pain worse. On physical examination, he has tenderness to palpation over the rotator cuff. Neer's and Hawkin's tests are positive. Manual muscle testing is 4 out of 5. Range of motion in right shoulder is restricted to forward flexion at 100 degrees, abduction to 100 degrees, and internal and external rotation to 60 degrees. MRI of right shoulder results dated 1-24-15 show acromioclavicular osteoarthritis, supraspinatus tendinosis and infraspinatus tendinosis. He is not working. The treatment plan includes a re-request for authorization of right shoulder surgery and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." In this particular case the patient has no evidence in the records of 5/13/15 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.

60 pantoprazole sodium 20mg: Upheld

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 Omeprazole Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 5/13/15 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is for non-certification for the requested Prilosec. The request is not medically necessary.