

Case Number:	CM15-0149872		
Date Assigned:	08/17/2015	Date of Injury:	06/20/2001
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 6-20-2001. Diagnoses include right shoulder strain, impingement syndrome, and a massive full thickness rotator cuff tear status post arthroscopy (2001), left shoulder sprain, large rotator cuff tear and rotator interval tear, and osteoarthritis of acromioclavicular joint. Treatment to date has included multiple surgical interventions of the right shoulder as well as diagnostics, medications and rest. Current medications include Tylenol #3, Tylenol #4, Relafen, Ultram ER, Elavil and Protonix. Per the Primary Treating Physician's Progress Report dated 7-07-2015, the injured worker reported frequent, mild, dull right shoulder pain which occasionally increases to moderately severe. Physical examination of the right shoulder revealed 1+ swelling and 1+ tenderness to palpation of the anterior aspect. Range of motion of the right shoulder include flexion 90 degrees, extension 35 degrees, abduction 90 degrees, and internal and external rotation 45 degrees. Left shoulder examination revealed 1+ tenderness to palpation of the anterior border of the left acromion. There are reduced ranges of motion and pain with all extremes of left shoulder motion. There is mild crepitus with internal and external rotation. The plan of care included medication management and authorization was requested for Ultram ER 150mg #60, Relafen 750mg #60 and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER/Tramadol 150 MG Tab 30 Days #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113 of 127.

Decision rationale: This claimant was injured 14 years ago with a right shoulder strain, impingement syndrome, and a massive full thickness rotator cuff tear status post arthroscopy (2001), left shoulder sprain, large rotator cuff tear and rotator interval tear, and osteoarthritis of acromioclavicular joint. Treatment to date has included multiple surgical interventions of the right shoulder as well as diagnostics, medications and rest. Objective functional improvement out of the use of the medicine is not noted. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use is therefore not supported. The request is not medically necessary.

Relafen/Nabumetone 750 MG Tab 30 Days #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured 14 years ago with a right shoulder strain, impingement syndrome, and a massive full thickness rotator cuff tear status post arthroscopy (2001), left shoulder sprain, large rotator cuff tear and rotator interval tear, and osteoarthritis of acromioclavicular joint. Treatment to date has included multiple surgical interventions of the right shoulder as well as diagnostics, medications and rest. Objective functional improvement out of the use of the medicine is not noted. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately not medically necessary.

Protonix/Pantoprazole Sodium 20 MG Tab 30 Days #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: This claimant was injured 14 years ago with a right shoulder strain, impingement syndrome, and a massive full thickness rotator cuff tear status post arthroscopy (2001), left shoulder sprain, large rotator cuff tear and rotator interval tear, and osteoarthritis of acromioclavicular joint. Treatment to date has included multiple surgical interventions of the right shoulder as well as diagnostics, medications and rest. Objective functional improvement out of the use of the medicine is not noted. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.