

Case Number:	CM15-0180869		
Date Assigned:	09/22/2015	Date of Injury:	08/17/2011
Decision Date:	10/28/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, Illinois

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:

This 52 year old male sustained an industrial injury 8-17-11. Documentation indicated that the injured worker was receiving treatment for a recurrent rotator cuff tear and cervical spine sprain and strain with cervical herniated disc. Previous treatment included right shoulder rotator cuff repair (5-22-13) and right shoulder rotator cuff repair (3-19-14). Magnetic resonance imaging arthrogram right shoulder (9-19-14) showed a recurrent rotator cuff repair. In a PR-2 dated 8-4-15, the injured worker complained of worsening right shoulder and neck pain. The injured worker stated that he was now experiencing dizzy spells due to neck pain. Physical exam was remarkable for cervical spine with tenderness to palpation, spasms and positive foraminal compression test and right shoulder range of motion with atrophy of the rotator cuff and 3 out of 5 strength. The physician requested authorization for right shoulder open rotator cuff repair with possible fascia graft and associated surgical services and refilling medications (Prilosec, Zanaflex and Norco). On 8-11-15, Utilization Review noncertified a request for Zanaflex 4mg #60, Prilosec 20mg #60 and Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 8-17-11. The medical records provided indicate the diagnosis of recurrent rotator cuff tear and cervical spine sprain and strain with cervical herniated disc. Previous treatment included right shoulder rotator cuff repair (5-22-13) and right shoulder rotator cuff repair (3-19-14). The medical records provided for review do not indicate a medical necessity for Prilosec 20 mg Qty 60. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records indicate the use of this medication predates 05/2015, but with no overall improvement. Also, the diagnosis does not include acute exacerbation of chronic low back pain. Therefore, the request is not medically necessary.

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 8-17-11. The medical records provided indicate the diagnosis of recurrent rotator cuff tear and cervical spine sprain and strain with cervical herniated disc. Previous treatment included right shoulder rotator cuff repair (5-22-13) and right shoulder rotator cuff repair (3-19-14). The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg Qty 120. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication least since 03/2015, but with no overall improvement. The records indicate worsening symptoms, the injured worker is not working. Also, the records indicate the injured worker is not properly monitored for pain control, adverse effects, and activities of daily living. Therefore, the request is not medically necessary.

Prilosec 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The injured worker sustained a work related injury on 8-17-11. The medical records provided indicate the diagnosis of recurrent rotator cuff tear and cervical spine sprain and strain with cervical herniated disc. Previous treatment included right shoulder rotator cuff repair (5-22-13) and right shoulder rotator cuff repair (3-19-14). The medical records provided for review do not indicate a medical necessity for Prilosec 20 mg Qty 60. The MTUS recommends that: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin , corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records do not indicate the injured worker is at risk for gastrointestinal events, besides, there is no indication the injured worker is being treated with NSAIDs. Therefore, the request is not medically necessary.