

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0183480 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 11/12/2014 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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, Hawaii

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:

This is a 63 year old female with a date of injury of November 12, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain and dysfunction, right shoulder impingement, right shoulder acromioclavicular joint arthrosis, right shoulder high grade partial versus small full thickness rotator cuff tear, lumbar strain, and lumbar degenerative disc disease with foraminal stenosis. The documentation shows that the injured worker underwent right shoulder arthroscopy with intraarticular debridement of partial torn rotator cuff and biceps tenotomy on June 18, 2015. Medical records dated July 1, 2015 indicate that the injured worker complains of right shoulder pain. A progress note dated July 29, 2015 notes subjective complaints of right shoulder aching with weakness, unable to sleep on shoulder, and lower back pain that radiates down the right leg. Per the treating physician (July 29, 2015), the employee has not returned to work. The physical exam dated July 1, 2015 reveals incisions that looked good, with no erythema or drainage. The progress note dated July 29, 2015 documented a physical examination that showed tenderness to palpation of the right shoulder with decreased range of motion, tenderness of the lumbar paraspinal muscles, diminished range of motion of the lumbar spine with muscle guarding, and positive straight leg raise bilaterally. Treatment has included right shoulder surgery, acupuncture, right shoulder injections, and medications (Norco 5-325mg since at least June of 2015; Omeprazole 20mg, and Methoderm ointment since at least July of 2015). The original utilization review (August 17, 2015) partially certified a request for Norco 5-325mg #60 (original request for Norco 5-325mg, unknown quantity) and Omeprazole 20mg #30 (original request for Omeprazole 20mg, unknown quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg (unknown Qty): 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, criteria for use.

Decision rationale: The patient presents with post-op following right shoulder arthroscopy with intraarticular debridement of partial torn rotator cuff and biceps tenotomy on 6/18/15. The patient currently complains of right shoulder pain & aching with weakness, unable to sleep on shoulder, and lower back pain that radiates down the right leg. The patient is currently not working. The current request is for Norco 5/325 mg (unknown Qty). The treating physician states in the treating report dated 7/29/15 (71B), "Treatment Plan: Refill norco 5/325mg." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the current request is for an unknown count and/or duration of use therefore could never be approved even if the clinical history supported the use of the opiate through documentation of analgesia, ADLs, adverse side effects and adverse behavior. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.

Omeprazole 20 mg (unknown Qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with post op following right shoulder arthroscopy with intraarticular debridement of partial torn rotator cuff and biceps tenotomy on 6/18/15. The patient currently complains of right shoulder pain & aching with weakness, unable to sleep on shoulder, and lower back pain that radiates down the right leg. The patient is currently not working. The current request is for Omeprazole 20 mg (unknown Qty). The treating physician states in the treating report dated 7/29/15 (71B), "Treatment Plan: Refill" Omeprazole 20mg. MTUS Guidelines state omeprazole is recommended with precautions. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the

patient is at risk for gastrointestinal events. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, even if the clinical history provided discussion of GI complications and discussion of the efficacy or use of this medication the current request would still not be supported by the MTUS. The current request is for an unknown quantity and duration and MTUS does not support open ended medication usage without defined end points and regular assessment of improved function while using medications. The current request is not medically necessary.