

Case Number:	CM15-0185632		
Date Assigned:	10/20/2015	Date of Injury:	04/24/2013
Decision Date:	12/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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 56 year old female, who sustained an industrial-work injury on 4-24-13. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having cervical strain-sprain with multi-level degenerative disc disease, right shoulder impingement syndrome, and lumbar sprain-strain. Treatment to date has included medication, surgery (right shoulder arthroscopic debridement of a partial superior anterior glenoid labral tear, arthroscopic subacromial decompression with acromioplasty, and Mumford procedure on 4-2-15), diagnostics, sling, ice machine. Currently, the injured worker complains of neck, upper back, and headaches, right shoulder pain, right elbow pain, right wrist-hand pain, left low back, left hip, and left knee pain. There is also stress and anxiety due to pain. Per the primary physician's progress report (PR-2) on 4-29-15, exam notes range of motion is painful to the neck and upper back, numbness in the right hand, tingling in the left lower extremity and right upper extremity. There is tenderness with palpation to right base of the occiput, bilateral C5-6 and C6-7, right upper trapezius and right levator scapula, at the AC (acromioclavicular) joint of right shoulder, and over the left L5-S1, left sciatic notch and left posterior thigh. Current plan of care includes medication. The Request for Authorization requested service to include Ibuprofen 600mg #90 and Vicodin 5mg #100. The Utilization Review on 9-10-15 denied the request for Ibuprofen 600mg #90 and modified Vicodin 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: This claimant was injured in 2013 with right shoulder pain, cervical strain-sprain with multi-level degenerative disc disease, right shoulder impingement syndrome, and lumbar sprain-strain. There was an arthroscopic subacromial decompression with acromioplasty and Mumford procedure on 4-2-15. There is continued pain. 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 not medically necessary.

Vicodin 5mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As shared, this claimant was injured in 2013 with right shoulder pain, cervical strain-sprain with multi-level degenerative disc disease, right shoulder impingement syndrome, and lumbar sprain-strain. There was an arthroscopic subacromial decompression with acromioplasty and Mumford procedure on 4-2-15. There is continued pain. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are

they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.