

Case Number:	CM15-0190806		
Date Assigned:	10/02/2015	Date of Injury:	04/28/2005
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 56 year old male with a date of injury on 4-28-05. A review of the medical records indicates that the injured worker is undergoing treatment for neck, left elbow, and left shoulder pain. Progress report dated 8-20-15 reports moderate neck pain and left shoulder popping and grinding. His left elbow has moderate pain. Overall he is getting worse. He is taking Tylenol #4 three per day (it is not strong enough), Prilosec 20 mg a day, and topical creams of ketoprofen, gabapentin, and tramadol. Objective findings include the left shoulder has clicking or grinding and decreased range of motion. Treatments include medication, physical therapy, injections, and shoulder surgery 11-2014. According to the medical records he has been taking Tylenol #4 and Prilosec since at least 2-26-15. Request for authorization was made for Prilosec 20 mg quantity 90 and Tylenol #4 quantity 90. Utilization Review dated 9-24-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as Prilosec 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. The intermediate risk factors include: age > 65 years; history of peptic ulcer, GI bleeding/perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. According to the most recent treating physician notes, the injured worker is not on any oral NSAIDs and she does not meet any of the criteria for being at risk for an intermediate GI event. Therefore, the request for Prilosec 20 mg #90 is not medically necessary or appropriate.

Tylenol #4 #90: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Tylenol #4, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have not included documentation of the pain with and without medication on the visual analog scale, no significant adverse effects, pain contract on file, objective functional improvement, and increased activities of daily living. However, the documentation did include urine drug testing. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's and for initiation of opioid weaning based on the cited guidelines. Thus, the request for Tylenol #4 #90 is not medically necessary or appropriate.