

Case Number:	CM15-0195918		
Date Assigned:	10/09/2015	Date of Injury:	05/14/2009
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 5-14-2009. The injured worker is undergoing treatment for: shoulder impingement. On 7-27-15, his blood pressure is reported as 168 over 83. On 8-27-15, subjective finding are documented as "his symptoms are relatively unchanged". Objective findings are reported as blood pressure 144 over 71, pulse 98, tenderness along the left shoulder and abduction around 160 degrees. On 9-28-15, he reported left shoulder pain and requested trigger point injection. He is reported to have a history of diabetes. He indicated cold weather to increase his pain, and that medications help him to be functional. Objective findings revealed tenderness along the left shoulder region and trapezius on the left. Vital sign readings were not documented on this date of service. He was given a trigger point injection to the left shoulder on this date of service. The records do not discuss his current level of pain, aberrant behaviors, or adverse side effects. There is no discussion of pain reduction, or significant changes in blood pressure. The treatment and diagnostic testing to date has included: medications, urine drug screen, x-ray of the left shoulder (5-5-15), QME (5-7-15), electrodiagnostic studies (6-2-10). Medications have included: Vicodin, tramadol ER, Protonix, Nalfon, Ultracet, Remeron, Aciphex, Celebrex. Current work status: not currently working and is retired. The request for authorization is for: Amlodipine 10mg (unspecified quantity), Tramadol 150mg quantity 30, and Naproxen 550mg quantity 60. The UR dated 9-14-2015: non-certified the requests for Amlodipine 10mg (unspecified quantity), Tramadol 150mg quantity 30, and Naproxen 550mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amlodipine 10 MG (Unspecified Qty): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014;311 (5):507-520.

Decision rationale: The claimant has a history of a work injury occurring in May 2009 while lifting boxes and continues to be treated for left shoulder pain. In October 2010 he was advised to see his primary care provider regarding nonindustrial issues such as hypertension. In June 2015 lisinopril was being prescribed. He had hypertension for two years and his blood pressure tended to be higher when seen in the doctor's office. When seen, his symptoms were relatively unchanged. He had elements of depression, stress, and sleep disturbance. His past medical history included hypertension and diabetes. Physical examination findings included a blood pressure of 144/71. There was left shoulder tenderness with abduction at 160 degrees. Diagnoses included impingement syndrome status post decompression with label and rotator cuff repair. Medications were prescribed including Naprosyn, extended release tramadol, and Amlodipine. Guidelines recommend consideration of medications for the treatment of hypertension after lifestyle modifications such as diet and exercise are unsuccessful. If antihypertensive medication is then indicated, guidelines recommend that the initial antihypertensive treatment should include a thiazide-type diuretic, calcium channel blocker, angiotensin-converting enzyme inhibitor, or angiotensin receptor blocker. In this case, the claimant was reported as taking lisinopril (an angiotensin-converting enzyme inhibitor). Prescribing a second agent without consideration of the claimant's current antihypertensive medication management is not considered medically necessary.

Tramadol 150 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The claimant has a history of a work injury occurring in May 2009 while lifting boxes and continues to be treated for left shoulder pain. When seen, his symptoms were relatively unchanged. He had elements of depression, stress, and sleep disturbance. His past medical history included hypertension and diabetes. Physical examination findings included a blood pressure of 144/71. There was left shoulder tenderness with abduction at 160 degrees.

Diagnoses included impingement syndrome status post decompression with label and rotator cuff repair. Medications were prescribed including Naprosyn, extended release tramadol, and Amlodipine. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Naproxen 550 MG Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

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

Decision rationale: The claimant has a history of a work injury occurring in May 2009 while lifting boxes and continues to be treated for left shoulder pain. When seen, his symptoms were relatively unchanged. He had elements of depression, stress, and sleep disturbance. His past medical history included hypertension and diabetes. Physical examination findings included a blood pressure of 144/71. There was left shoulder tenderness with abduction at 160 degrees. Diagnoses included impingement syndrome status post decompression with label and rotator cuff repair. Medications were prescribed including Naprosyn, extended release tramadol, and Amlodipine. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.