

Case Number:	CM15-0201490		
Date Assigned:	10/16/2015	Date of Injury:	09/22/2013
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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

Certification(s)/Specialty: Emergency 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(n) 39 year old female, who sustained an industrial injury on 9-22-13. The injured worker was diagnosed as having status post right shoulder surgery on 6-15-15. Subjective findings (4-16-15, 5-7-15, 7-11-15 and 8-6-15) indicated 7-8 out of 10 pain in the right shoulder. She indicated a history of gastrointestinal upset with NSAIDs. Objective findings (4-16-15, 5-7-15) revealed right shoulder flexion was 90 degrees and abduction was 90 degrees. There are positive impingement signs and crepitance with range of motion. As of the PR2 dated 9-3-15, the injured worker reports pain in her right shoulder. Objective findings include right shoulder flexion is 60 degrees and abduction is 60 degrees. There are no signs of infection in the right shoulder. Current medications include Tramadol ER, Hydrocodone, Naproxen, Pantoprazole (since at least 3-19-15) and Cyclobenzaprine (since at least 1-26-15). Treatment to date has included post-op physical therapy to the right shoulder x 8 sessions, a TENS unit and a right shoulder MRI on 4-24-14. The Utilization Review dated 9-24-15, non-certified the request for Cyclobenzaprine 7.5mg #90 and Pantoprazole 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #90: Upheld

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

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

Decision rationale: The requested Cyclobenzaprine 7.5mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in her right shoulder. Objective findings include right shoulder flexion is 60 degrees and abduction is 60 degrees. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg, #90 is not medically necessary.

Pantoprazole 20mg, #90: Upheld

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

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

Decision rationale: The requested Pantoprazole 20mg, #90, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh 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 ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has pain in her right shoulder. Objective findings include right shoulder flexion is 60 degrees and abduction is 60 degrees. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole 20mg, #90 is not medically necessary.