

Case Number:	CM15-0206898		
Date Assigned:	10/23/2015	Date of Injury:	07/12/2011
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 48 year old female, who sustained an industrial injury on July 12, 2011. She reported right upper extremity pain. The injured worker was currently diagnosed as having right shoulder adhesive capsulitis, recurrent rotator cuff tear and status post right shoulder arthroscopic decompression and Mumford procedure. Treatment to date has included diagnostic studies, surgery and medication. On September 18, 2015, notes stated that the injured worker had persistent and disabling right shoulder rotator cuff tear with weakness and limited range of motion. Her symptoms were noted to be affecting her sleep. She was noted to have failed "conservative treatment" since her previous surgery in 2012 for calcific tendinitis, including physical therapy, exercises, oral NSAIDs, cortisone injection, rest and activity modification. The treatment plan included arthroscopic evaluation and treatment, follow-up visit, refills of ibuprofen, refill of omeprazole and refill of Voltaren gel. It was unclear the length of time the injured worker had been using the medication. A request for Voltaren gel 2% with three refills, ibuprofen 800mg #60 and omeprazole 10mg #30 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 2%- 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Guidelines recommend short term use only due to side effects. Diclofenac is has evidence for its use in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient's pain is mostly shoulder therefore is not medically necessary. There is no documentation of oral NSAID intolerance. Patient has been on this chronically and refills are not consistent with short term use. The request is not medically necessary.

Ibuprofen 800mg, #60: Upheld

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

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

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use due to increased risk for worsening cardiovascular problems and other life threatening side effects. Patient is on Ibuprofen chronically. Chronic use is not recommended. Ibuprofen is not medically necessary.

Omeprazole 10mg, #30: 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: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on ibuprofen but in this review and UR, it is not medically recommended. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. Since NSAIDs are not recommended in this patient, Prilosec/Omeprazole is not medically necessary.