

Case Number:	CM15-0022920		
Date Assigned:	02/12/2015	Date of Injury:	04/21/2001
Decision Date:	04/07/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old female who reported an injury on 04/21/2001. The mechanism of injury was not specifically stated. The current diagnoses include status post left shoulder decompression x2, left shoulder pain and crepitus, left shoulder sprain/strain with impingement tendinopathy, cervical sprain/strain with severe underlying spondylosis, nonindustrial medical problems including COPD, history of throat cancer, and status post radiation and chemotherapy. The injured worker presented on 11/06/2014 for a follow-up evaluation with complaints of constant left sided neck and shoulder pain with severe muscle spasm. The injured worker reported 9/10 without medication and 4/10 with medication. It was also noted that the current medication regimen allowed the injured worker to perform activities of daily living. Upon examination, there was limited range of motion of the left shoulder in all planes with positive impingement sign, crepitus on circumduction, tenderness over the subacromial and of the right shoulder with mildly limited range of motion and a positive impingement sign, and limited cervical range of motion with positive cervical compression test. Recommendations included a refill of the current medication regimen of Norco 7.5/325 mg, Ambien 10 mg, Nexium 40 mg, and Celebrex 100 mg. It was noted that the injured worker is under a narcotic contract, with urine drug screens that have been appropriate. A Request for Authorization form was then submitted on 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta ½).

Decision rationale: The Official Disability Guidelines recommend Nucynta only as a second line option for patients who develop intolerable adverse effects with first line opioids. In this case, it is noted that the injured worker is also utilizing Norco 7.5/325 mg. There is no indication that this injured worker has been unable to tolerate first line opioids. The injured worker's medication list does not include Nucynta 75 mg. There is no indication that this injured worker is currently utilizing the above medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Temazepam 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this case, the injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for a benzodiazepine has not been established in this case. Additionally, the injured worker's current medication list does not include temazepam 15 mg. There is no indication that this injured worker is currently utilizing the above medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor

and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Additionally, it is noted that the injured worker is currently utilizing Nexium 40 mg. The medical necessity for omeprazole 20 mg has not been established in this case. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.