

Case Number:	CM15-0023036		
Date Assigned:	02/12/2015	Date of Injury:	09/30/2013
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
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 57-year-old male who reported an injury on 09/30/2013 due to an unspecified mechanism of injury. On 09/18/2014, he presented for a follow-up evaluation regarding his bilateral shoulder pain. His medications included Robaxin, Tylenol, and Norco. A physical examination of the right shoulder showed 0 to 130 degrees of passive forward flexion and 0 to 100 degrees of passive abduction. He had 90 degrees of passive external rotation and 50 degrees of internal rotation. He had a positive Neer and Hawkins impingement sign as well as a positive Speed's and Yergason's test. He had negative drop arm test with 4/5 strength in forward flexion and abduction. He also had a negative apprehension and relocation test and a negative jerk test. Examination of the left shoulder showed 0 to 70 degrees of forward flexion, 0 to 120 degrees of abduction, and 90 degrees of external rotation with 60 degrees of internal rotation. He had a positive Neer and Hawkins impingement test and 5/5 strength. He was diagnosed with right shoulder possible rotator cuff tear and left shoulder impingement. The treatment plan was for orphenadrine 60 mg/caffeine 10 mg #60 and flurbiprofen/omeprazole 100/10 mg #60. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 60mg/caffeine 10mg #60: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants as a second line treatment option for low back pain. The documentation provided does not show that the injured worker had failed first line therapy medications to support the request. Also, further clarification is needed regarding how long he has been using this medication. Without this information, continuing would not be supported as it is only recommended for short term treatment. Furthermore, he was not noted to have low back pain and the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Flurb/Omeprazole 100/10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISKS Page(s): 67-69.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs with proton pump inhibitors are primarily recommended for the short term symptomatic relief of low back pain and osteoarthritis and tendinitis. Proton pump inhibitors are recommended for those who are at high risk for gastrointestinal events due to NSAID therapy and for dyspepsia secondary to NSAID therapy. The documentation provided does not indicate that the injured worker was at high risk for gastrointestinal events due to NSAID therapy or that he had reported dyspepsia secondary to NSAID therapy to support the request. Also, there is a lack of documentation showing that he has low back pain or osteoarthritis/tendinitis to support the request. Furthermore, further clarification is needed regarding how long he has been using this medication as it is only recommended for short term treatment. Therefore, the request is not supported. As such, the request is not medically necessary.