

Case Number:	CM15-0025609		
Date Assigned:	02/18/2015	Date of Injury:	08/31/2012
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/10/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 08/31/2012. The diagnoses have included impingement syndrome along the shoulder on the right status post decompression and labral repair, impingement syndrome along the shoulder on the left with evidence of 90% wear of the rotator cuff and wear along acromioclavicular joint, trigger finger on the ring on the right, trigger thumb on the right, and chronic pain syndrome. Noted treatments to date have included surgeries and medications. Diagnostics to date have included MRI of the right shoulder on 12/15/2014 showed full thickness, full width tear of the supraspinatus tendon with severely tendinotic fibers that are approximately 12mm. In a progress note dated 12/23/2014, the injured worker presented with complaints of pain in right shoulder and extensive tear in a partial thickness infraspinatus tendon tearing and longitudinal tearing at the long head of the bicep tendon. The treating physician reported limited range of motion, stiffness, and weakness in right shoulder. Utilization Review determination on 01/14/2015 non-certified the request for Protonix 20mg #60 and Flexeril 7.5mg #60 and modified the request for Ultracet 37.5/325mg #60 to Ultracet 37.5/325mg #30 for weaning citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Ultracet.

Protonix 20mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and Protonix. Therefore Protonix 20mg # 60 is not medically necessary.

Flexeril 7.5mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in

this case does not document an acute exacerbation. This is not medically necessary and the original UR decision is upheld.