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| Case Number: | CM15-0216584 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 03/15/2004 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/24/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old male who sustained an industrial injury on 03/15/2004. Medical records indicated the worker was status post left shoulder arthroscopy-distal clavicle excision-subacromial decompression-rotator cuff tear and labral debridement (08-28-2008) ; status post right knee arthroscopy 08-2006, with residual chondromalacia patella, osteoarthritis; left knee patellofemoral arthralgia with posterior horn medial meniscus tear; status post right shoulder arthroscopy x2, bilateral elbow medial-lateral epicondylitis; bilateral wrist tendinitis with dynamic carpal tunnel syndrome and left dorsal ganglion cyst; chronic pain syndrome-fibromyalgia (deferred to rheumatologist); stress, anxiety and sleep disorder (deferred to psychiatrist); gastrointestinal pain secondary to medications(referred to internist). Current medications include Norco, Anaprox, Zantac, and Robaxin (all since at least 05-27-2015). In the provider notes of 05-27-2015, the worker is seen for medication review and re-evaluation. He has 100% permanent disability and future medical care. His condition remains the same since last exam in October 2014 and his orthopedic symptoms were not re-evaluated. He is not working. A request for authorization was submitted for: 1. Norco (Hydrocodone/APAP) 7.5-325mg #90. 2. Anaprox DS (Naproxen Sodium) 550mg #603. Zantac 150mg #60. A utilization review decision 10-24-2015non-certified the Norco, and Non-certified the Anaprox, and non-certified the Zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/Apap) 7.5-325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 when, while using a post hole digger, it locked up and he was thrown. He underwent right knee arthroscopic surgery in August 2006 and had left shoulder surgery with a rotator cuff decompression and labral debridement in August 2008. He has a history of two right shoulder arthroscopic surgeries. Diagnoses also include bilateral medial and lateral epicondylitis, bilateral wrist tendinitis, carpal tunnel syndrome, a left dorsal ganglion cyst, and secondary stress, anxiety, sleep disorder, and gastrointestinal pain secondary to medications. He was seen by the requesting provider in May 2015. He had not been seen since October 2014. He had been found permanent and stationary as of March 2009 and his case had settled. His symptoms are reported as unchanged were not reevaluated. There were no physical examination findings recorded. Medication use was reviewed and medications were refilled. Norco, Anaprox, Zantac, and Robaxin were prescribed. He was discharged with no change in permanent disability status. There was no follow-up appointment. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. In this case, medications were prescribed without planned follow-up to assess for efficacy or side effects. Prescribing Norco without planned follow-up cannot be accepted as being medically necessary.

Anaprox DS (Naproxen Sodium) 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 when, while using a post hole digger, it locked up and he was thrown. He underwent right knee arthroscopic surgery in August 2006 and had left shoulder surgery with a rotator cuff decompression and labral debridement in August 2008. He has a history of two right shoulder arthroscopic surgeries. Diagnoses also include bilateral medial and lateral epicondylitis, bilateral wrist tendinitis, carpal tunnel syndrome, a left dorsal ganglion cyst, and secondary stress, anxiety, sleep disorder, and gastrointestinal pain secondary to medications. He was seen

by the requesting provider in May 2015. He had not been seen since October 2014. He had been found permanent and stationary as of March 2009 and his case had settled. His symptoms are reported as unchanged were not reevaluated. There were no physical examination findings recorded. Medication use was reviewed and medications were refilled. Norco, Anaprox, Zantac, and Robaxin were prescribed. He was discharged with no change in permanent disability status. There was no follow-up appointment. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. In this case, medications were prescribed without planned follow-up to assess for efficacy or side effects. Prescribing Anaprox without planned follow-up cannot be accepted as being medically necessary.

Zantac 150mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2004 when, while using a post hole digger, it locked up and he was thrown. He underwent right knee arthroscopic surgery in August 2006 and had left shoulder surgery with a rotator cuff decompression and labral debridement in August 2008. He has a history of two right shoulder arthroscopic surgeries. Diagnoses also include bilateral medial and lateral epicondylitis, bilateral wrist tendinitis, carpal tunnel syndrome, a left dorsal ganglion cyst, and secondary stress, anxiety, sleep disorder, and gastrointestinal pain secondary to medications. He was seen by the requesting provider in May 2015. He had not been seen since October 2014. He had been found permanent and stationary as of March 2009 and his case had settled. His symptoms are reported as unchanged were not reevaluated. There were no physical examination findings recorded. Medication use was reviewed and medications were refilled. Norco, Anaprox, Zantac, and Robaxin were prescribed. He was discharged with no change in permanent disability status. There was no follow-up appointment. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. In this case, medications were prescribed without planned follow-up to assess for efficacy or side effects. Prescribing Zantac without planned follow-up cannot be accepted as being medically necessary.