

Case Number:	CM15-0218199		
Date Assigned:	11/10/2015	Date of Injury:	09/13/2008
Decision Date:	12/21/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/05/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 67 year old male, who sustained an industrial injury on September 13, 2008, incurring right shoulder. She was diagnosed with a right shoulder sprain, and right shoulder rotator cuff tear. She underwent a surgical rotator cuff repair and acromioplasty of the right shoulder. Treatment included anti-inflammatory drugs, proton pump inhibitor, pain medications, and activity restrictions. Currently, the injured worker complained of persistent right shoulder pain. She rated her pain 9 out of 10 on a pain scale from 0 to 10. The pain was described as sharp and increased with range of motion. She was diagnosed with a right shoulder and right upper arm sprain with chronic pain. The consistent right shoulder pain interfered with her activities of daily living. The treatment plan that was requested for authorization included prescriptions for Mobic 7.6 mg #60 and Prilosec 20mg #30. On November 4, 2015, a request for prescriptions for Mobic and Prilosec was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.6mg #60: 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): NSAIDs, specific drug list & adverse effects.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 61 states that Mobic is a non-steroidal anti-inflammatory indicated for relief of the signs and symptoms of osteoarthritis. In this case, the submitted documentation does not demonstrate any evidence of significant osteoarthritis or functional improvement from previous medication use to warrant continued use of Mobic. Therefore, the request is not medically necessary.

Prilosec 20mg #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: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. The submitted records do not demonstrate that the patient is at risk for gastrointestinal events. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.