

Case Number:	CM15-0032565		
Date Assigned:	02/26/2015	Date of Injury:	08/13/2013
Decision Date:	04/20/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/20/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 41-year-old female who reported an injury on 08/13/2013. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine disc protrusion and impingement syndrome of the bilateral shoulders. The injured worker presented on 01/15/2015 for a follow up evaluation. The physical examination revealed positive impingement sign on the left with tenderness to palpation at C4 through C7. Recommendations included authorization for a left shoulder arthroscopy and a refill of the current medication regimen of Naprosyn 500 mg, Ultram 50 mg, and omeprazole 20 mg. A Request for Authorization form was then submitted on 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and who have clear clinical and imaging evidence of a lesion. In this case, there was no documentation of a significant functional limitation. There was no evidence of a significant musculoskeletal deficit upon examination. The provider indicated only a positive impingement sign upon examination. There was no documentation of an exhaustion of conservative treatment to include active rehabilitation. Given the above, the request is not medically appropriate.

Naprosyn 550 MG #30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it is noted that the injured worker has utilized the above medication since at least 11/2014. Guidelines do not support long-term use of NSAIDs. There is also no mention of objective functional improvement despite the ongoing use of this medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Ultram 50 MG #30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has utilized the above medication since 09/2014. There is no documentation of objective functional improvement. There is also no documentation of a written consent or agreement for chronic use of an opioid. There were no previous urine toxicology reports submitted, documenting evidence of patient compliance and nonaberrant behavior. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Prilosec 20 MG #30 with 1 Refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk of gastrointestinal events. Patient 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. Therefore, the medical necessity for the requested medication 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.