

Case Number:	CM15-0035677		
Date Assigned:	03/04/2015	Date of Injury:	02/23/2012
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 43-year-old male who sustained an industrial injury on 02/23/2012. Diagnoses include shoulder pain, rotator cuff syndrome, and acromioclavicular joint pain, chronic pain syndrome, myalgia and numbness. Treatment to date has included medications, physical therapy and three shoulder surgeries. A physician progress note dated 01/29/2015 documents the injured worker has left shoulder pain rated as 8 out of 10 on a visual analogue scale and without medications and a 5 out of 10 with medications. His pain is stabbing with pins and needles, and numbness at his left shoulder. The pain is better with ice, medications and rest. The left shoulder has tenderness to palpation at the acromioclavicular joint. Pain is noted with abduction. Sensation is intact, but diminished on the left upper arm. Hawkins and Neers are positive. Treatment requested is for Armour Thyroid 120mg tab, Naproxen 550mg #60, Omeprazole 20mg #60, and Ultram 50mg #100. On 02/06/2015 Utilization Review modified the request for Armour Thyroid 120mg tab to Armour Thyroid 120mg x 1 month and cited was non-MTUS. The request for Naproxen 550mg # 60 was non-certified and cited was MTUS. The request for Omeprazole 20mg # 60 was non-certified and cited was MTUS. The request for Ultram 50mg #100 was modified to Ultram 50mg #90 for weaning/titrating purposes and cited was MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Armour Thyroid 120mg tab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/amour-thyroid-usp-thyroid-desiccated-342736>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication used for chronic pain Page(s): 60. Decision based on Non-MTUS Citation www.drugs.com on Armour Thyroid.

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder debridement from June 2014. The treater is requesting ARMOUR THYROID 120 MG TAB. The RFA not made available for review. The patient's date of injury is from 02/23/2012 and he is currently temporarily totally disabled. The MTUS, ACOEM and ODG Guidelines do not address this request. However, the website www.drugs.com on Armour Thyroid states, Desiccated dried thyroid is a combination of hormones that are normally produced by your thyroid gland to regulate the body's energy and metabolism. Desiccated thyroid is given when the thyroid does not produce enough of this hormone on its own. Desiccated thyroid treats hypothyroidism -low thyroid hormone. Desiccated thyroid is also used to treat or prevent goiter -enlarged thyroid gland, and is also given as part of a medical tests for thyroid disorders. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed Armour Thyroid prior to 01/29/2015. None of the reports discuss thyroid issues. The treater does not mention why this medication is being prescribed to this patient. None of the reports mention medication efficacy as it relates to the use of Amour Thyroid. Given the lack of functional improvement while utilizing this medication, the request IS NOT medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder debridement from June 2014. The treater is requesting ARMOUR THYROID 120 MG TAB. The RFA not made available for review. The patient's date of injury is from 02/23/2012 and he is currently temporarily totally disabled. The MTUS, ACOEM and ODG Guidelines do not address this request. However, the website www.drugs.com on Armour Thyroid states, Desiccated dried thyroid is a combination of hormones that are normally produced by your thyroid gland to regulate the body's energy and metabolism. Desiccated thyroid is given when the thyroid does not produce enough of this hormone on its own. Desiccated thyroid treats hypothyroidism -low thyroid hormone. Desiccated thyroid is also used to treat or prevent goiter -enlarged thyroid gland, and is also given as part of a medical tests for thyroid disorders. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and

functional gains must also be documented. The records show that the patient was prescribed Armour Thyroid prior to 01/29/2015. None of the reports discuss thyroid issues. The treater does not mention why this medication is being prescribed to this patient. None of the reports mention medication efficacy as it relates to the use of Amour Thyroid. Given the lack of functional improvement while utilizing this medication, the request IS NOT medically necessary.

Omeprazole 20mg #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 symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder debridement from June 2014. The treater is requesting OMEPRAZOLE 20 MG QUANTITY 60. The RFA not made available for review. The patient's date of injury is from 02/23/2012 and he is currently temporarily totally disabled. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine 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. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The record show that the patient was prescribed Omeprazole prior to 01/29/2015. The 01/29/2015 report notes gastrointestinal upset from NSAID use. The treater further states, "he reports that the medication is not helping him enough as he continues to have constant moderate to severe pain with his medication." In this case, given the lack of functional improvement while utilizing this medication the continued use is not warranted. The request IS NOT medically necessary.

Ultram 50mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder debridement from June 2014. The treater is requesting OMEPRAZOLE 20 MG QUANTITY 60. The RFA not made available for review. The patient's date of injury is from 02/23/2012 and he is currently temporarily totally disabled. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine 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. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The record show that the patient was prescribed Omeprazole prior to 01/29/2015. The 01/29/2015 report notes gastrointestinal upset from NSAID use. The treater further states, "he reports that the medication is not helping him enough as he continues to have constant moderate to severe pain with his medication. In this case, given the lack of functional improvement while utilizing this medication the continued use is not warranted. The request IS medically necessary.