

Case Number:	CM15-0042875		
Date Assigned:	03/13/2015	Date of Injury:	07/20/2012
Decision Date:	04/24/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 54 year old male who sustained an industrial repetitive injury on July 20, 2012. The injured worker is status post right shoulder rotator cuff repair on April 4, 2013 and July 17, 2013 and manipulation under anesthesia on January 28, 2014 followed by physical therapy each time. The injured worker was diagnosed with cervical sprain with chronic degenerative disc disease, right shoulder impingement syndrome and right hand sprain. According to the primary treating physician's progress report on November 5, 2014, the injured worker continues to experience constant cervical spine pain, which radiates into the upper extremities with associated numbness and tingling. The injured worker also reports headaches and tension between the shoulder blades. Examination of the cervical spine demonstrated tenderness with spasm and some atrophy of the right trapezius. Range of motion is limited due to pain. The right shoulder examination demonstrated tenderness around the anterior glenohumeral and subacromial space with noted weakness of the right shoulder. There was no instability noted. A Functional Capacity Evaluation (FCE) was performed on December 10, 2014. The primary treating physician requested authorization for continued management of symptoms with Cyclobenzaprine, Fenoprofen, Tramadol, and Omeprazole. The injured worker should continue with Eszopiclone at nighttime for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 120, 1 by mouth as needed every 12 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: Guidelines state: that omeprazole may be appropriate for patients at high risk for adverse GI events. In this case, the patient is not at high risk for GI complications. Thus, the request for omeprazole 20 mg #120 is not medically necessary and appropriate.

Cyclobenzaprine Hydrochloride 7.5 mg Qty 120, take 1 by mouth as needed every 8 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: Guidelines recommend muscle relaxants for short-term treatment of acute spasms of the lumbar spine. In this case, the patient has been taking cyclobenzaprine for longer than 3 weeks and it is not recommended for long-term use. The request for cyclobenzaprine 7.5 mg #120 is not medically appropriate or necessary.

Tramadol ER (extended release) 150 mg Qty 90, 1 tablet every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94.

Decision rationale: Guidelines note that opioids are indicated for moderate to severe pain and are not intended for long-term use. Ongoing monitoring should assess for efficacy, side effects, effect on functioning, and signs of aberrant drug use. In this case, there was no documentation that there was a single prescriber of the medication and no evidence that the medication was being taken properly. Thus, the request for Tramadol ER 150 mg #90 is not medically appropriate and necessary.

Fenoprofen Calcium (Nalfon) 400 mg Qty 120, 1 tablet 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-68.

Decision rationale: Guidelines state that NSAIDs are recommended as an option for short-term treatment of mild to moderate pain and should be used at the lowest possible dose for the shortest duration of time. In this case, the patient has been on NSAIDs for a long-term period without documentation of efficacy. Thus, the request for Fenoprofen 400 mg #120 is not medically appropriate and necessary.