

Case Number:	CM15-0052210		
Date Assigned:	03/25/2015	Date of Injury:	12/23/2008
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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 42-year-old female who reported an injury on 12/23/2008. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed as status post left shoulder surgery in 09/2013, status post left shoulder revision on 05/01/2014, underlying anxiety and psychiatric components secondary to chronic pain syndrome, and right shoulder derivative injury with impingement and motion loss. The injured worker presented on 01/23/2015 for a followup evaluation with complaints of bilateral shoulder pain. The injured worker had been previously referred to a physical therapy program for the bilateral shoulders. Upon examination, there was 120 degrees abduction, 130 degrees forward flexion, positive impingement, weakness, and tenderness at the subacromial area. The left shoulder trapezius area had a large hard tender knot where the muscle was very spastic and irritated, inducing significant pain. The injured worker's MRI of the right shoulder, completed on 11/20/2014 indicated supraspinatus and infraspinatus tendinosis with a small focus of calcific tendonitis. In addition, the injured worker underwent an MRI of the left shoulder on 11/20/2014, which revealed mild tendinosis of the supraspinatus and infraspinatus. Recommendations at that time included a prescription for Protonix 20 mg, cyclobenzaprine, and Terocin. A Request for Authorization form was submitted on 01/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 100mg #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 Page(s): 67-72.

Decision rationale: 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 NSAIDs since at least 07/2013. There is no documentation of objective functional improvement. Guidelines do not support long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically necessary.

Hydrocodone/Acetaminophen 2.5/325mg #60: Upheld

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

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

Decision rationale: California MTUS Guidelines a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

Omeprazole 20mg #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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients 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. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #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 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations.

Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since 07/2013. Guidelines do not support long term use of muscle relaxants. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.