

Case Number:	CM15-0053139		
Date Assigned:	03/26/2015	Date of Injury:	06/13/2012
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 51 year old female who sustained an industrial injury on 6/13/2012. Her diagnoses, and/or impressions, include post-right shoulder arthroscopic decompression/rotator cuff debridement (12/2/13); partial thickness versus complete tear supraspinatus and infraspinatus - right shoulder; lumbar neural encroachment and radiculopathy; and lumbar facet osteoarthropathy. Current magnetic resonance imaging studies are not noted, but are noted to have been requested. Her treatments have included right shoulder arthroscopy (12/2013); molecular buccal swab testing; "LSO"; transcutaneous electrical stimulation unit therapy; and medication management. The physician's progress notes of 2/5/2015 reported right shoulder, right hip and low back pain with right lower extremity symptoms. The physician's requests for treatment included Norco, Naproxen, and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (hydrocodone) 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria For Use Of Opioids Page(s): 76-80.

Decision rationale: The injured worker is being treated for chronic shoulder and low back pain. Diagnoses include rotator cuff tear and lumbar radiculopathy. Following right shoulder arthroscopically in 2013, the injured worker continues to report significant right shoulder and low back pain rated 7/10. Medication treatment regimen includes hydrocodone, Naprosyn and pantoprazole. Records indicate that the patient is essentially nonfunctional at times without medication but does not specify the functional deficits. Records also indicate medications facilitate improved tolerance for variety of activity, but does not specify which activities have improved tolerance. Physical examination is reporting tenderness to the right shoulder, impaired lumbar range of motion and reduced lumbar paraspinal muscle spasms. With regards to continuation of opioid therapy, MTUS guidelines recommend such with demonstration of improved function and pain for return to work. In the case of this injured worker, none of the listed criteria have been met. The request for continuation of hydrodone is therefore not medically necessary.

Naproxen 550mg #60: Upheld

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

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

Decision rationale: The injured worker is being treated for chronic shoulder and low back pain. Diagnoses include rotator cuff tear and lumbar radiculopathy. Following right shoulder arthroscopically in 2013, the injured worker continues to report significant right shoulder and low back pain rated 7/10. Medication treatment regimen includes hydrocodone, Naprosyn and pantoprazole. Records indicate that the patient is essentially nonfunctional at times without medication but does not specify the functional deficits. Records also indicate medications facilitate improved tolerance for variety of activity, but does not specify which activities have improved tolerance. Physical examination is reporting tenderness to the right shoulder, impaired lumbar range of motion and reduced lumbar paraspinal muscle spasms. With regards to specific indications for NSAID continuation for back pain, MTUS guidelines recommends such for short-term symptomatic relief of chronic low back pain as a second line treatment to acetaminophen. In the case of this injured worker, records indicate greater than 4 months of continued use of Naprosyn. There is lack of support in the medical documentation indicating Naprosyn is being used for short-term symptomatic relief of chronic low back pain. As such, the request does not comply with MTUS guidelines is not medically necessary.

Pantoprazole 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 GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker has been on a chronic treatment medication treatment regimen which includes hydrocodone, Naprosyn and pantoprazole. Records indicate that the patient is essentially nonfunctional at times without medication but does not specify the functional deficits. Records also indicate medications facilitate improved tolerance for variety of activity, but does not specify which activities have improved tolerance. Physical examination is reporting tenderness to the right shoulder, impaired lumbar range of motion and reduced lumbar paraspinal muscle spasms. With regards to continued use of the proton pump inhibitor, pantoprazole, records do not indicate the patient is at intermediate risk for gastrointestinal events such as age greater than 65 years, documentation of peptic ulcer disease or GI bleeding or concurrent use of aspirin or corticosteroids. In addition to which, the use of chronic Naprosyn was not determined to be medically necessary. Therefore the request for pantoprazole is also not medically necessary.