

Case Number:	CM15-0082570		
Date Assigned:	05/05/2015	Date of Injury:	09/08/2014
Decision Date:	06/11/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old female who sustained an industrial injury on 9/8/14 from a slip and fall where she fell on her left hand and arm. She received left shoulder x-ray and MRI; medications and modified work. Of note, the injured worker had a previous work related back injury and surgery (2004). She currently (1/15/15 pre-operatively) complains of ongoing left shoulder pain, weakness and limited range of motion. On physical exam there was tenderness on palpation over the anterior, posterior and lateral deltoid, biceps tendon; acromioclavicular joint and anterior and lateral acromion on the left. There was intact sensation to pinprick and light touch throughout the bilateral upper extremity. Medications are not specifically mentioned. Diagnoses include left shoulder rotator cuff tear; left shoulder acromioclavicular arthrosis; left shoulder impingement syndrome with tendinitis/ bursitis; status post left shoulder diagnostic arthroscopy, arthroscopic rotator cuff tear, arthroscopic glenohumeral debridement and synovectomy, biceps tenotomy, arthroscopic subacromial decompression, arthroscopic Mumford procedure (2/10/15). Post-operative documentation (2/18/15) indicates that the injured worker is neurovascularly intact with no signs of infection and well healed incisions. Treatments to date include post-operative physical therapy for range of motion, strengthening and modality treatment. In the progress note, dated 2/18/15 the treating provider's plan of care indicates that the injured worker will begin physical therapy and remain temporarily totally disabled. There is no documentation regarding retrospective request for Tylenol with Codeine or Naproxen as indicated in the Utilization review. There is no documentation of specific pain or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tylenol-Codeine 300 mg (1 by mouth 3 times daily) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: The patient is not 4 months status post Mumford procedure. 3-4 months is a standard of period of time of post-operative pain management with opioids. The injured worker is now entering long-term management; CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score are not reported in the provided records, any noted improvement in objective physical exam findings or functional capacity. Consequently, continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.

Retro Naproxen 550 mg (1 by mouth 2 times daily) Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

Decision rationale: Chronic Pain Medical Treatment Guidelines NSAID, page(s) 67-73 According to CA MTUS guidelines, anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records, there is improvement with the current dose of NSAID. While the utilization reviewer notes that NSAIDs are not recommended for long-term use, in this specific injured worker, there is no report of side effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Also, use is less than 4 months and is appropriate for the inflammation that is likely occurring along with his post-operative pain. Considering that this medication is supported by the guidelines, current dosage is standard minimal, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time.

