

Case Number:	CM14-0122403		
Date Assigned:	08/06/2014	Date of Injury:	11/28/2009
Decision Date:	10/14/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66 year old male who sustained an injury on 11/28/09. The injured worker has been followed complaints of pain in the right shoulder, hip, and low back. He had a prior right shoulder arthroscopy performed in the right shoulder in 2011. There were recommendations for further surgical evaluations of the right shoulder. The last evaluation on 05/15/14 noted loss of range of motion in the right shoulder on physical exam. The injured worker ambulated with a mild antalgic gait favoring the right lower extremity. There was no evidence of focal motor weakness. Medications were not discussed at this evaluation. The requested medications were denied on 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In review of the clinical documentation provided, there are no updated evaluations for this injured worker discussing the current need for medications or the efficacy of

this requested medication. Given the paucity of any current condition or requirement for this medication, this request is determined not medically necessary.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication.

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

Decision rationale: In review of the clinical documentation provided, there are no updated evaluations for this injured worker discussing the current need for medications or the efficacy of this requested medication. This request is not medically necessary.

Omeprazole DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In review of the clinical documentation provided, there are no updated evaluations for this injured worker discussing the current need for medications or the efficacy of this requested medication. Given the paucity of any current condition or requirement for this medication, this request is not medically necessary.

Tramadol HCL 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for continuation of opioid therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation provided, there are no updated evaluations for this injured worker discussing the current need for medications or the efficacy of this requested medication. Given the paucity of any current condition or requirement for this medication, this request is not medically necessary.