

Case Number:	CM14-0124481		
Date Assigned:	08/08/2014	Date of Injury:	11/17/2011
Decision Date:	11/21/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic pain syndrome, shoulder arthritis, anxiety, depression, and gastroesophageal reflux disease reportedly associated with an industrial injury of November 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple shoulder surgeries; Opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 24, 2014, the claims administrator failed to approve a request for Oxycodone Extended Release, Norco, and Prilosec. In a progress note dated July 16, 2014, the applicant reported ongoing complaints of shoulder pain, reportedly burning. It was stated that the applicant was unable to work as an instructor for a police academy owing to ongoing shoulder pain complaints. The attending provider nevertheless posited that ongoing medication consumption had proven beneficial. The applicant reported 4/10 pain with medications versus 8/10 pain without medications. The applicant had issues with heartburn and arthritis. Motrin did cause heartburn, it was acknowledged. It was stated in another section of the note that the applicant was now working as a water system installer, self-employed. The applicant was asked to continue stretching exercises. Norco, Prilosec, Oxycodone, Restoril, Soma, and Motrin were all endorsed. In a May 21, 2014 progress note, the applicant reported ongoing complaints of 6-9/10 pain. The applicant was having issues with muscle spasm. The applicant was working about at a rate of a day a week, it was acknowledged. The applicant was having issues with anxiety, depression, and insomnia associated with his shoulder pain. The applicant did have concomitant issues with heartburn and reflux; it was stated in several sections of the note. It was again stated that the applicant was self-employed as a water system installer. The applicant was asked to continue current medications, including Norco, Restoril, Voltaren,

Prilosec, Soma, and Motrin. Psychotherapy and physical therapy were sought. In a March 24, 2014 progress note, the applicant was again described as having highly variable pain complaints. The applicant stated that his pain was disruptive but was apparently improved with pain medications. The applicant was again described as working as a self-employed water system installer. The applicant stated that he wanted to obtain a second opinion from another shoulder surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of Opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to work on a part-time basis as a self-employed water installer. The applicant is reportedly deriving appropriate reductions in pain scores with ongoing Norco usage, the attending provider has posited on several occasions, referenced above. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Oxycodone ER 15mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of Opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has apparently returned to and maintained successful return to work status as self-employed water installer, albeit on a part-time basis. The applicant is reporting appropriate reduction in pain levels and an improved ability to perform activities of daily living, including lifting and reaching overhead, with ongoing medication consumption, the attending provider has suggested on several occasions, referenced above. Continuing Oxycodone, on balance, does appear to be indicated. Therefore, the request is medically necessary.

Prilosec 20mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as appears to be present here. The applicant is reporting ongoing complaints of heartburn and dyspepsia associated with ongoing Motrin usage, reportedly attenuated following introduction of Prilosec. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.