

Case Number:	CM14-0142311		
Date Assigned:	09/18/2014	Date of Injury:	02/04/2010
Decision Date:	10/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/03/2014

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:

Patient is a 42 year-old female with date of injury 02/04/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/30/2014, lists subjective complaints as worsening right shoulder pain. Objective findings: Examination of the right shoulder revealed tenderness to palpation about the anterolateral shoulder and supraspinatus. There was mild tenderness extending to the pectoralis. Range of motion was restricted due to pain and discomfort. Rotator cuff weakness was noted. Diagnosis: 1. Cumulative trauma injury of the cervical spine and bilateral upper extremities 2. Cervical spine strain/sprain 3. Right shoulder rotator cuff bursitis 4. Bilateral hand/wrist strain with carpal tunnel. There is documentation in the medical record that the patient has been taking the below medications since at least 03/28/2013. Medications: 1. Norco 2.5/325mg, #60 Sig: one tablet a day 2. Axid 150mg, #60 No SIG given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #60 dispensed on 7/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year.

Axid 150mg #60 dispensed on 7/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Axid.