MAXIMUS Federal Services

Case Number:	CM14-0146042		
Date Assigned:	09/12/2014	Date of Injury:	08/28/2013
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 56-year-old female who reported an injury on 08/28/2013. The mechanism of injury occurred while she was using her right shoulder to clean. Diagnoses included right supraspinatus tendinosis with 50% partial tearing, moderate right AC joint arthrosis, and right myofascial trapezius and intrascapular pain. Past treatments included physical therapy, a right shoulder subacromial bursa injection on 02/10/2014, and medications. Pertinent diagnostic testing was not provided. Surgical history was not provided. The clinical note dated 07/01/2014 indicated the injured worker complained of right shoulder pain, worsened with movement and activity. Physical examination of the right shoulder revealed decreased range of motion, tenderness to palpation, 1+ biceps and brachial radialis reflexes, and positive Hawkin's test. Current medications included Anaprox 550 mg, Protonix 40 mg, menthoderm topical cream, and Celebrex. The treatment plan included Protonix 20 mg 2 tablets every day #60, and a right AC joint injection. The rationale for the injection was pain control. The rationale for Protonix was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg 2 tablets qd #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69..

Decision rationale: The California MTUS Guidelines indicate that injured workers are at risk for a gastrointestinal event if they are over the age of 65; have a history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or use high dose/multiple NSAIDs. For injured workers with no risk factor and no cardiovascular disease, nonselective NSAIDs are recommended. The injured worker had been taking the requested medication since at least 12/10/2013. There is a lack of clinical documentation to indicate the injured worker had a history of a gastrointestinal event or current gastrointestinal symptoms. There is also no indication of the efficacy of the medication. Therefore, the request for Protonix 20mg 2 tablets qd #60 is not medically necessary.

Right AC joint injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): pages 201-205, 212-214..

Decision rationale: The California MTUS/ACOEM Guidelines indicate that shoulder injections are recommended with 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The injured worker complained of right shoulder pain. She noted only mild improvement of her shoulder pain after a right shoulder subacromial bursa injection on 02/10/2014. There is a lack of documentation to indicate the efficacy of the previous right shoulder injection, including functional improvement and quantified pain relief. Therefore, the request for a Right AC joint injection is not medically necessary.