

Case Number:	CM14-0162288		
Date Assigned:	10/07/2014	Date of Injury:	09/27/2003
Decision Date:	10/31/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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 Osteopathic Family Practice 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 patient is a 43 year old male police officer with a date of injury on 9/27/14. He is followed for the following diagnoses: Chronic cervical musculoligamentous sprain/strain with 3mm herniation per MRI study, lumbar disc annular tear, ACDF, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral chondromalacia patella, status post fall injury to the right shoulder, Jan. 20, 2011, right shoulder arthroscopic SAD, status post left knee arthroscopic surgery with medial meniscal repair September 2003 with residual chondromalacia patella and osteoarthritis, L4-5 and L5-S1 annular tears with 2 to 3 mm disc protrusions per MRI study of December 19,2013 and gastropathy secondary to medication intake. The patient was seen on 7/7/14 at which time he complained of neck, low back, left shoulder and bilateral knee pain rated 6/10. Medications decrease his pain to 2-4/10. The patient is currently working. Examination revealed cervical tenderness, positive shoulder depression test, decreased UE strength and sensation, limited lumbar range of motion, lumbar tenderness, positive Kemps bilaterally, decreased LE strength and sensation, left shoulder decreased range of motion, AC joint tenderness, positive empty can test, decreased strength at 4/5 for shoulder flexion and abduction, bilateral knees decreased range of motion, tenderness over the medial and lateral joint lines, positive Valgus and Varus, positive patellofemoral grind test and muscle strength 4/5 at the quadriceps on the left. Motrin, Prilosec, Anxasia and Ultram were dispensed. He is to continue working in an unrestricted manner. 7/18/14 internal medicine evaluation notes the following: patient admits abdominal pain, constipation, rectal bleeding. He denied acid reflux and peptic ulcer disease. Utilization review was performed on 9/9/14 at which time the request for Motrin was certified. Prilosec, Anxasia, and Ultram were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20 mg #60 dispensed on 7/7/2014: 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 and 69.

Decision rationale: The request for Prilosec is not medically necessary. The medical records specifically note no history of acid reflux or peptic ulcer disease. It appears that this medication is being dispensed for prophylaxis which is not supported. Furthermore, per the cited guidelines, prolonged use of PPIs such as Prilosec increases the risk for hip fractures. As such, the request for Prilosec 20 mg #60 dispensed on 7/7/2014 is not medically necessary.

Retrospective request for Hydro/APAP 7.5/325 mg #180 dispensed on 7/7/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The request for Hydrocodone/APAP 7.5/325 mg #180 dispensed on 7/7/2014 is medically necessary. Opioids are generally not recommended for chronic non-malignant pain. However, in this case, the medical records note that the patient is able to control his pain and is able to work without restrictions. There is also no evidence of abuse, overuse or adverse reactions. Given the low MED, the request for Hydrocodone/APAP would be medically necessary.

Retrospective request for Tramadol 50 mg #180 dispensed on 7/7/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The request Tramadol 50 mg #180 dispensed on 7/7/2014 is medically necessary. Opioids are generally not recommended for chronic non-malignant pain. However, in this case, the medical records note that the patient is able to control his pain and is able to work without restrictions. There is also no evidence of abuse, overuse or adverse reactions. Tramadol is a significantly safe synthetic opioid. As such, the request for Tramadol 50 mg #180 dispensed on 7/7/2014 would be medically necessary to allow the patient to control his pain and be able to work.

