

Case Number:	CM14-0165668		
Date Assigned:	10/10/2014	Date of Injury:	06/21/2002
Decision Date:	11/14/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 patient is a 53 year old female who was injured on 06/21/2002. The mechanism of injury is unknown. Prior treatment history has included Norco 10/325mg, Ultram 350 mg, Anaprox 550 mg, and Prilosec 20 mg. Progress report dated 06/03/2014 documented the patient to have complaints of pain in the right shoulder aggravated with overhead reaching and overhead work. On exam, right shoulder range of motion exhibits flexion 160 degrees; extension 35 degrees; abduction 150 degrees; adduction 35; internal rotation 65 degrees and external rotation 70 degrees. Impingement test is positive on the right side. There is tenderness over the greater tuberosity of the right humerus. The patient is diagnosed with right shoulder impingement syndrome; left shoulder overlooked pain; left shoulder impingement syndrome; symptoms of anxiety and depression and symptoms of insomnia. On 09/09/2014, the patient noted her pain is decreased with medications and her pain goes from an 8/10 to 2-3/10 and is able to tolerate activities of daily living. But there were no GI complaints from the patient documented. There was no toxicology reports listed or medication history. Prior utilization review dated 10/08/2014 states the request for Ultram 150 mg # 90 is modified to certify Ultram 150 mg #30; Norco 10/325 mg # 180 is modified to certify Norco 10/325 mg #60; Anaprox 550 mg # 90 is modified to certify Anaprox 550 mg #180 from 10/08/2014 to 11/22/2014; Prilosec 20 mg # 120 is modified to certify Prilosec 20 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150 mg # 90: Upheld

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): 76-96.

Decision rationale: The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved ADLs/level of functioning, no aberrant behavior, and no significant adverse effects. Additionally, there should be urine drug screening performed to ensure compliance. The interval between urine drug screenings is determined by the patient's risk for substance abuse. The clinical documents provided did not sufficiently demonstrate a significant improvement in ADLs/functioning. There was minimal subjective/objective data to show the patient has significant improvement in ADLs and analgesia. There was no discussion of any adverse effects or aberrant behavior. Also, it is not clear if the patient has had a previous UDS. The duration of opioid therapy is unknown from the documents provided. Additionally, the request did not include a frequency. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Norco 10/325 mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved ADLs/level of functioning, no aberrant behavior, and no significant adverse effects. Additionally, there should be urine drug screening performed to ensure compliance. The interval between urine drug screenings is determined by the patient's risk for substance abuse. The clinical documents provided did not sufficiently demonstrate a significant improvement in ADLs/functioning. There was minimal subjective/objective data to show the patient has significant improvement in ADLs and analgesia. There was no discussion of any adverse effects or aberrant behavior. Also, it is not clear if the patient has had a previous UDS. The duration of opioid therapy is unknown from the documents provided. Additionally, the request did not include a frequency. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Anaprox 550 mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The guidelines recommend NSAID therapy for acute pain or acute on chronic pain for short-term treatment. Generally treatment should not exceed 4-6 weeks. It is unclear from the documents how long the patient has been taking NSAIDs but it is evident that it is longer than the recommended duration. Additionally, from the documents it is not clear that the patient is having significant subjective/objective improvement with NSAID therapy. From the documents provided the indication for NSAID therapy is unclear at this time. Additionally, the request does not include a frequency of administration. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Prilosec 20 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs

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

Decision rationale: The guidelines recommend PPI therapy for patients at risk for adverse GI events on NSAIDs or for patients with certain GI conditions such as dyspepsia, PUD, GERD etc. Risk factors for GI events for patients on NSAIDs include age > 65, history of GIB, history of PUD, history of perforation, concurrent use of aspirin, concurrent use of steroids, concurrent use of anticoagulants, or high dose/multiple NSAIDs. The guidelines state that PPI are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. The clinical documents did not identify a GI condition which requires PPI therapy or identify the patient as increased risk for adverse GI events. The NSAID is not certified as stated above. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.