

Case Number:	CM14-0040320		
Date Assigned:	06/27/2014	Date of Injury:	09/23/2011
Decision Date:	08/21/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/07/2014

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:

This is 53-year-old male patient with a date of injury of 9/23/11. The mechanism of injury was due to repetitive and continuous motions. He had severe injury to the left shoulder and had left shoulder surgery on 2/6/14. On 4/3/14, he continues to have a pain score of 6/10, throughout the post-operative left shoulder. He has some demonstrated increase in strength at the left shoulder or increased endurance and increased range of motion. On 4/9/14, he complains of constant left shoulder pain, rate 5/10. On exam the left shoulder still has restricted and painful range of motion. The diagnostic impression is left shoulder rotator cuff tendinosis, and s/p left shoulder A/S, SAD, and debridement. Treatment to date includes surgery, physical therapy, and medication management. A UR decision dated 4/2/14, denied the requests for post-operative physical therapy, Omeprazole 20mg, and urine toxicology (UDS or urine drug screen). The request for continued post-operative physical therapy was denied because there were no submitted physical therapy progress notes, which outline response to care including objective and functional gains. The Omeprazole was denied because there was no documentation of ongoing GI complaints one-month s/p surgery, as well as the absent NSAID usage. The urine toxicology was modified to partial certification for a 10-panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of continued post-operative physical therapy for the left shoulder (2x3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries defined in these guidelines. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24- visit limitation for chiropractic, occupational and physical therapy. Guideline recommendation for post-operative rotator cuff repair is 24 visits over 14 weeks. It was noted that the patient has attended 8 sessions of therapy and has 16 sessions of therapy left. It is unclear as to why the patient needs 6 sessions of therapy at this time. Therefore, the request for 6 sessions of continued post-operative physical therapy for the left shoulder (2x3) is not medically necessary.

Omeprazole 20MG #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, TWC Pain Procedure Summary and Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and FDA: Prilosec.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, there is no indication that the patient is on any NSAIDs or has complaints of GI discomfort. In addition, the quantity is for #90, which exceeds the daily dosage recommendation for Omeprazole. Therefore, the request for Omeprazole 20mg #90 is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 222-238.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs,

to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. It is noted that the patient has been on opioids for chronic pain (Norco), and no UDS was noted in the documents provided. ACOEM Guidelines for Chronic Use of Opioids states that screening is recommended at baseline, randomly at least twice and up to 4 times as year and at termination. The request for urine toxicology does not state a specific number of urine drug screens, and the UR recommended partial certification for a 10 panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results. Therefore, the request for urine toxicology is not medically necessary.