

Case Number:	CM14-0096283		
Date Assigned:	08/08/2014	Date of Injury:	08/02/2012
Decision Date:	09/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 44-year-old female with date of injury of 08/02/2012. The listed diagnoses per [REDACTED] dated 04/17/2014 are: 1. Rotator cuff syndrome, NOS. 2. Lateral epicondylitis. 3. Status post arthroscopic, synovectomy and decompression of the left shoulder dated 03/14/2014. According to this report, the patient complains of weakness and pain in the left shoulder. The patient is status post left shoulder surgery. The patient reports difficulty sleeping with stiffness in the shoulder. The patient is unable to reach behind her and complains of pain with touch. The handwritten objective findings on this report were illegible. The utilization review denied the request on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325mg 1 tab 3 times a day # 60 Refills 0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-68, 78, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with left shoulder pain. The patient is status post arthroscopic, synovectomy and decompression surgery for the left shoulder on 03/14/2014. The provider is requesting Norco 325 mg. The MTUS Guidelines page 76 to 78 criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be made. Once the criteria has been met, new course of opioids may be tried at that time. In this case, the patient is status post left shoulder surgery and a prescription of Norco is reasonable to manage the patient's post-surgical pain. Therefore, this request is medically necessary.

Ultram 50mg 1 tab 3 times a day # 60 Refills 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-68, 78, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with left shoulder pain. The patient is status post arthroscopic, synovectomy and decompression surgery for the left shoulder on 03/14/2014. The MTUS Guidelines page 76 to 78 criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be made. Once the criteria has been met, new course of opioids may be tried at that time. In this case, the provider does not explain why this weak mu-receptor binding molecule drug needs to be used in conjunction with Norco being prescribed. There is no discussion regarding this medication such as likelihood that it will help. Therefore, this request is not medically necessary.

Motrin 800mg 1 tab 3 times a day # 60 Refills 0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 78, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, NSAIDs Page(s): 60, 61, 22, 67, 68.

Decision rationale: This patient presents with left shoulder pain. The patient is status post arthroscopic, synovectomy and decompression surgery for the left shoulder on 03/14/2014. The provider is requesting 800 mg of Motrin. The MTUS Guidelines page 22 on antiinflammatory medications states that antiinflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume but long-term use may not be warranted. The MTUS Guidelines page 60 and 61 on medications for chronic pain states that it is recommended, however, the relief of pain with the use of medications is generally temporary and measures of lasting benefit from this modality should include evaluating the effective pain relief in relationship to improvements in function and increased activity. The records show that the provider is requesting an initial trial of Motrin post-surgery and the requested Motrin 800 mg is

reasonable to manage the patient's post-surgical pain. Therefore, this request is medically necessary.

Prilosec 20mg 1 tab once a day # 60 Refills 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 78, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: This patient presents with left shoulder pain. The patient is status post arthroscopic, synovectomy and decompression surgery for the left shoulder on 03/14/2014. The treater is requesting Prilosec 20 mg. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risk states that it is recommended with precaution for patient's at risk for gastrointestinal events: 1. Age is greater than 65.2. History of peptic ulcer.3. GI bleed or perforation.4. Concurrent use of ASA or corticosteroid and/or anticoagulants; high dose multiple NSAIDs.It appears that the provider is requesting Prilosec in conjunction with the patient's prescription of Motrin. In this case, MTUS does not recommend the routine use of PPIs with no documentation of GI risk assessment. Therefore, this request is not medically necessary.