

Case Number:	CM14-0216860		
Date Assigned:	01/06/2015	Date of Injury:	11/05/2003
Decision Date:	03/06/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 12, 2003. In a Utilization Review Report dated December 18, 2014, the claims administrator denied request for Prilosec, Ativan, Tylenol No. 4, and Soma, noting that the applicant has failed to respond favorably to the same. The claims administrator referenced an RFA form of October 28, 2014 in its determination. The applicant's attorney subsequently appealed. In a prescription form dated December 4, 2014, the applicant received refills of Tylenol No. 4, Soma, Colace, Ativan, and omeprazole. No clear discussion of medication efficacy transpired. In an associated progress note of December 4, 2014, the applicant reported multifocal complaints of shoulder, elbow, and wrist pain with associated difficulty gripping and grasping. The applicant was having difficulty sleeping, it was further noted. The applicant was not working, it was acknowledged, owing to the imposition of a rather proscriptive 20-pound lifting limitation. The attending provider stated that the applicant was using Tylenol No. 4 four times daily and Soma three times daily. The applicant's gastrointestinal review of systems was reportedly negative for any issues with heartburn. Prilosec was nevertheless renewed. The attending provider stated that the applicant's ability to perform activities of daily living was ameliorated as a result of ongoing medication consumption through usage of preprinted checkboxes, but did not elaborate further. Soma and Colace were also seemingly renewed. It was stated that Colace could be employed on an as needed basis for constipation. It was suggested that (but not clearly stated) that the applicant might consider surgical intervention involving the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 59 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the applicant explicitly denied any issues with reflux, heartburn, and/or dyspepsia on a December 4, 2014 progress note on which Prilosec was renewed. Therefore, the request was not medically necessary.

Ativan 2mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that benzodiazepine anxiolytics such as Ativan may be appropriate for brief periods, in cases of overwhelming symptoms, in this case, however, there was no mention of any overwhelming mental health issues evident on the December 4, 2014 progress note on which Ativan was renewed. It appeared, rather, that the applicant was intent on employing Ativan for scheduled use purposes, for sedative effect. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.

Tylenol #4, #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, despite ongoing usage of Tylenol No. 4. The attending provider

likewise failed to outline any material or meaningful improvements in function and/or quantifiable decrements in pain effected as a result of ongoing Tylenol No. 4 usage. Therefore, the request was not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for longer than two to three weeks. Here, the 90-tablet supply of Soma at issue, in and of itself, represents treatment in excess of the two to three weeks for which Soma is recommended, per page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further cautions against usage of Soma in conjunction with opioid agents. Here, the applicant was/is concurrently using Tylenol No. 4, an opioid agent. For all of the stated reasons, then, the request was not medically necessary.

Outpatient Surgical Consultation for the Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was/is off of work. Ongoing shoulder pain complaints persist. Time, medications, and physical therapy have seemingly proven ineffectual. Obtaining the added expertise of a shoulder surgeon to consider the need for surgical intervention was, thus, indicated. Therefore, the request was medically necessary.