

Case Number:	CM15-0001765		
Date Assigned:	04/30/2015	Date of Injury:	09/16/2013
Decision Date:	06/02/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 injured worker is a 45 year old male, who sustained an industrial injury on 9/16/13. The injured worker was diagnosed as having status post left shoulder arthroscopy for left shoulder partial rotator cuff tendon tear, moderate to severe acromioclavicular joint arthritis, cervical degenerative disc disease and status post left small finger amputation. Treatment to date has included left shoulder arthroscopy, subacromial decompression and distal clavicle resection, physical therapy and oral medications including opioids. Currently, the injured worker states he is doing reasonably following left shoulder arthroscopy. Physical exam noted improving range of motion of left shoulder and mild rotator cuff weakness. The treatment plan included continuation of physical therapy and prescriptions for Vicodin, Naproxen, Prilosec and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg 1 by mouth twice a day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67,68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines, Norco is not indicated as medically necessary to the patient at this time.

Prilosec 20mg 1 by mouth daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms PPI (Proton Pump Inhibitor) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prilosec. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of Prilosec, as stated in the above request, is determined not to be medically necessary at this time.

Naxprofen 550mg 1 by mouth per day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period inpatient with moderate to severe pain. This is also recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines, Naproxen is indicated as medically necessary to the patient at this time.