

Case Number:	CM15-0014450		
Date Assigned:	02/02/2015	Date of Injury:	03/01/2012
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who reported an injury on 03/01/2012. The mechanism of injury was not stated. The injured worker is currently diagnosed with right shoulder impingement with rotator cuff tendinopathy, left cervical myofascial pain, and right upper extremity overuse syndrome. On 01/09/2015, the injured worker presented for a followup evaluation regarding the bilateral upper extremities. The injured worker reported 9/10 right shoulder pain, 6/10 left shoulder pain, and 3/10 right wrist/hand pain. The injured worker reported an improvement in symptoms and function with the current medication regimen of tramadol ER 300 mg, naproxen sodium 550 mg, and Protonix 20 mg. Upon examination, there was tenderness to palpation of the bilateral shoulders, limited range of motion of the right shoulder with pain, positive impingement signs, and swelling. The lumbar examination was essentially unchanged. Recommendations included continuation of TENS therapy and the current medication regimen. A request was also submitted for a right arthroscopic subacromial decompression. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective naproxen 55mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations and chronic pain, NSAIDs are recommended as a straight leg raise after acetaminophen. The injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. The request as submitted for naproxen 55 mg is not medically appropriate. Given the above, the request is not medically necessary at this time.

Retrospective pantoprazole 20mg quantity 90: Upheld

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

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also frequency listed in the request. Given the above, the request is not medically appropriate.

Retrospective cyclobenzaprine 7.5mg quantity 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), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for a muscle relaxant has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.