

Case Number:	CM15-0018077		
Date Assigned:	02/06/2015	Date of Injury:	04/22/2010
Decision Date:	06/04/2015	UR Denial Date:	01/18/2015
Priority:	Standard	Application Received:	01/30/2015

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: Texas, Oklahoma

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male who sustained an industrial injury on 04/22/10. The mechanism of injury was an assault by an inmate. He reports pain in the right shoulder. Treatments to date include bilateral arthroplasty, site unspecified and medications. Diagnoses include right shoulder impingement, subacromial sub deltoid bursitis, and biceps tendon deformity. Some of the additional diagnoses are illegible. In a progress noted dated 01/08/15 the treatment plan includes laboratory studies, and MRA of the right shoulder, and continued medications. On 01/18/15 Utilization Review non-certified C reactive protein and Tramadol, citing non-MTUS guidelines. CPK and arthritis panel was non-certified with no citation provide. Omeprazole was non-certified, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

C Reactive proteins (CRP) QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org/understanding/analytes/crp/tab/test.

Decision rationale: Per labtestsonline.org, the C reactive protein is used to detect inflammation. The rationale for the requested laboratory study was not provided. Given the above, the request for C reactive proteins (CRP) quantity 1.00 is not medically necessary.

CPK QTY:1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org/understanding/analytes/ck/tab/test.

Decision rationale: Per labtestsonline.org, a creatinine kinase test may be used to detect inflammation of the muscles or serious muscle damage. The clinical documentation submitted for review failed to provide a rationale for the requested testing. Given the above, the request for CPK quantity 1 is not medically necessary.

Arthritis panel QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/conditions/rheumatoid/>.

Decision rationale: Per labtestsonline.org, rheumatoid arthritis is a chronic autoimmune disease that causes stiffness, pain, loss of mobility, inflammation and deterioration of the joints. There was a lack of documented rationale for the request. Given the above, the request for arthritis panel quantity 1 is not medically necessary.

Tramadol 50mg QTY: 270.00: 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 Medications for Chronic pain, Medications for Chronic pain Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had

utilized opiates. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The documentation indicated the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg quantity 270 is not medically necessary.

Omeprazole 20mg QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker had dyspepsia or was at intermediate or higher risk for gastrointestinal events. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg quantity 90 is not medically necessary.