

Case Number:	CM15-0121914		
Date Assigned:	07/06/2015	Date of Injury:	12/20/2014
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/24/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on 12/20/2014. He reported left shoulder pain. Diagnoses have included complete rotator cuff tear, superior glenoid labrum lesion and biceps tendonitis. Treatment to date has included left shoulder surgery (3/12/2015) and medication. According to the progress report dated 4/14/2015, the injured worker was four and one half weeks status post left shoulder subacromial decompression, distal clavicle resection and rotator cuff repair. He was non-compliant with the sling. He complained of pain when elevating his shoulder. Objective findings revealed well-healed incisions. Authorization was requested for retrospective Eszopiclone, Naproxen Sodium and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen sodium 550mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective naproxen sodium 550 mg #60 with three refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are left shoulder injury; status post surgery with postsurgical pain; and myofascial pain for coping. The date of injury is December 20, 2014. Request for authorization is dated May 22, 2015. A progress note dated May 18, 2015 subjectively states the worker has shoulder pain. The injured worker's status post left shoulder arthroscopy March 12, 2015. Medications are not listed. There were no other progress notes in the medical record from the requesting provider. There is no documentation of objective functional improvement. There is no start date for the naproxen sodium. Consequently, absent clinical documentation with the start date and objective functional improvement to support ongoing naproxen sodium, retrospective naproxen sodium 550 mg #60 with three refills is not medically necessary.

Retro Omeprazole 20mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Omeprazole.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective omeprazole 20 mg #60 with three refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are left shoulder injury; status post surgery with postsurgical pain; and myofascial pain for coping. The date of injury is December 20, 2014. Request for authorization is dated May 22, 2015. A progress note dated May 18, 2015 subjectively states the worker has shoulder pain. The injured worker's status post left shoulder arthroscopy March 12, 2015. Medications are not listed. There were no other progress notes in the medical record from the requesting provider. There is no documentation of objective functional improvement. There is no start date for the omeprazole. Consequently, absent clinical documentation with the start date, a clinical indication and rationale and documentation of

objective functional improvement with its use, retrospective omeprazole 20 mg #60 with three refills is not medically necessary.

Retro Eszopiclone 1mg #30 with 3 refills: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lunesta.

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopiclone (Lunesta) 1 mg #30 with 3 refills is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are left shoulder injury; status post surgery with postsurgical pain; and myofascial pain for coping. The date of injury is December 20, 2014. Request for authorization is dated May 22, 2015. A progress note dated May 18, 2015 subjectively states the worker has shoulder pain. The injured worker's status post left shoulder arthroscopy March 12, 2015. Medications are not listed. There were no other progress notes in the medical record from the requesting provider. There is no documentation of objective functional improvement. There is no start date for the Lunesta. Consequently, absent clinical documentation would start date, guideline non-recommendations for long-term use and evidence of objective functional improvement, Eszopiclone (Lunesta) 1 mg #30 with 3 refills is not medically necessary.