

Case Number:	CM15-0060697		
Date Assigned:	04/06/2015	Date of Injury:	08/22/2008
Decision Date:	05/29/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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: California

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 49 year old female who sustained a work related injury on August 22, 2008, injuring her shoulder while working as a nurses' aide. Treatment included anti-inflammatory drugs, pain medications, Magnetic Resonance Imaging (MRI), physical therapy and home exercise program. She was diagnosed with acromioclavicular osteoarthritis, impingement syndrome and tendinitis of the right shoulder. She underwent arthroscopic surgery on her right shoulder. Currently, the injured worker complained of anxiety, depression and persistent neck and shoulder pain. The treatment plan that was requested for authorization included a MR Arthrogram of the right shoulder and prescriptions for Omeprazole, Tramadol, and Cyclobenzaprine and Menthoderm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram right shoulder quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MR arthrography.

Decision rationale: According to the California ACOEM Guidelines, shoulder imaging studies for workers with activity limitations due to shoulder symptoms that have not improved over 4 to 6 weeks are recommended. More specifically, the Official Disability Guidelines indicate that MR arthrography is used as an option to detect labral tears and for suspected re-tear postop rotator cuff repair. The most recent clinical records submitted for review indicate that the injured worker has continued complaints of right shoulder pain and has documented limited range of motion; however, there was no documentation indicating the injured worker had ligamentous instability or internal derangement after failed therapy trials. The physical examination showed no indication of significant functional deficits warranting the need for an MR arthrogram. Given the above, this request is not medically necessary.

Omeprazole 20mg quantity 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors are recommended for patients taking NSAIDs who have increased risk of gastrointestinal symptoms. The clinical notes submitted for review showed no indication that the injured worker is currently suffering from gastrointestinal symptoms. In addition, the request submitted does not indicate the quantity of medication requested. Given the above, this request is not medically necessary.

Tramadol 50mg quantity 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: According to the California MTUS Guidelines, tramadol is recommended for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefits. The clinical notes submitted for review showed no indication of pain relief provided with the use of this medication or functional improvements gained from its use. In addition, tramadol is not recommended for patients with depression, and the clinical notes submitted indicate that the patient does suffer from depression. Furthermore, the clinical documentation showed no indication that the injured worker has tried and failed first line trials of opiates. Given all of the above, this request is not medically necessary.

Cyclobenzaprine 7.5 mg quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

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

Decision rationale: According to the California MTUS Guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. The most recent clinical note submitted for review shows no indication that the injured worker is suffering from muscle spasms of the lower back. In addition, there are no documented functional improvements from any previous use of this medication. Furthermore, the guidelines do not recommend long term use of this medication. Given all of the above, this request is not medically necessary.

Menthoderm cream quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are considered highly experimental without proven efficacy and are only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants. The clinical documentation submitted for review shows no indication as to the trial and failure of antidepressants and anticonvulsants by the injured worker. In addition, there is no indication of objective functional improvements from the use of this medication. Given all of the above, the request is not medically necessary.