

Case Number:	CM15-0066012		
Date Assigned:	05/07/2015	Date of Injury:	02/23/2015
Decision Date:	06/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

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 57 year old male who sustained an industrial injury on February 23, 2015. He has reported an injury to the left upper arm and has been diagnosed with popeye muscle left shoulder with a rupture of the long head of the left biceps tendon. Treatment has included medications, medical imaging, and modified work duty. The injured worker currently complains of pain in his arm with repetitive movement that radiated to his elbow. Left shoulder examination noted a popeye muscle with pain and tenderness in the proximal aspect of the left shoulder as well as the distal aspect of the biceps tendon. He could not fully extend his elbow because of pain as well as he could not fully flex because of pain. He could not flex against resistance. The treatment request included Tramadol, ibuprofen, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg (quantity, freq, & days supply not listed): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in February 2015 and is being treated for a left biceps tendon rupture. When seen, he was having pain with repetitive movements. There was tenderness and deformity was present consistent with his injury. Tramadol 50 mg was prescribed without dosing instructions or quantity. Medications also included ibuprofen at a dose of 1600 mg per day. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it was prescribed as part of the claimant's ongoing management. The use of an opioid medication would appear indicted in this case due to the claimant's history of injury and ongoing pain. However, the prescription was incomplete without dosing instructions or quantity. The request therefore cannot be considered as medically necessary.

Ibuprofen 800mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in February 2015 and is being treated for a left biceps tendon rupture. When seen, he was having pain with repetitive movements. There was tenderness and deformity was present consistent with his injury. Tramadol 50 mg was prescribed without dosing instructions or quantity. Medications also included ibuprofen at a dose of 1600 mg per day. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.

Prilosec 20mg #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 NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in February 2015 and is being treated for a left biceps tendon rupture. When seen, he was having pain with repetitive movements. There was tenderness and deformity was present consistent with his injury. Tramadol 50 mg was prescribed without dosing instructions or quantity. Medications also included ibuprofen at a dose of 1600 mg per day. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. The claimant is taking ibuprofen at the recommended dose without history of dyspepsia. Therefore, the prescribing of a proton pump inhibitor such as Prilosec was not medically necessary.