

Case Number:	CM15-0073058		
Date Assigned:	04/23/2015	Date of Injury:	07/25/2012
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 34 year old male, who sustained an industrial injury on 7/25/12. He reported right shoulder injury. The injured worker was diagnosed as having right shoulder strain and pain, history of right shoulder arthroscopic surgery, chronic pain syndrome, neuropathic pain and anxiety. Treatment to date has included right shoulder arthroscopic surgery, physical therapy, home exercise program and oral medications including opioids. Currently, the injured worker complains of intense right shoulder pain with any overhead activity rated 0/10 while sitting quietly and 10/10 with overhead throwing motion. Physical exam noted limited right shoulder range of motion. The treatment plan included prescriptions for Tramadol and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 50 MG 1 By Mouth Every Day #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67 - 69.

Decision rationale: The patient is a 34 year old male with an injury on 07/25/2012. He had right shoulder arthroscopic surgery. He continues to have decreased right shoulder pain with decreased range of motion. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. The lowest dose of NSAIDS for the shortest period of time is recommended. Long term use of NSAIDS is not recommended and the requested medication is not medically necessary.

Tramadol 1 By Mouth BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 34 year old male with an injury on 07/25/2012. He had right shoulder arthroscopic surgery. He continues to have decreased right shoulder pain with decreased range of motion. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the requested treatment is not medically necessary.