

Case Number:	CM15-0073942		
Date Assigned:	04/24/2015	Date of Injury:	01/08/2015
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/17/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on 1/8/2015. He reported injuries to his neck and left shoulder. Diagnoses have included left impingement syndrome, left rotator cuff tear trauma and left bicipital tenosynovitis. Treatment to date has included magnetic resonance imaging (MRI), chiropractic treatment and medication. According to the progress report dated 3/20/2015, the injured worker complained of left shoulder pain. Exam of the left shoulder revealed tenderness to the anterior region and periscapular tightness. Jobe's test was positive. Testing revealed positive Neer impingement sign, positive Hawkin's impingement sign, positive cross-chest test, positive acromioclavicular joint compression test, positive O'Brien's test, positive speed's test and positive dynamic compression shear test. Authorization was requested for magnetic resonance arthrogram of the left shoulder, Prilosec and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (magnetic resonance) Arthrogram, Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), MR arthrogram.

Decision rationale: MTUS does not contain guidelines regarding MR Arthrogram of the shoulder. Therefore, other guidelines were utilized. ODG states that MR arthrogram of the shoulder is recommended as an option to detect labral tears and for suspected re-tear post-op rotator cuff repair. ODG also states it may be necessary even if MRI of the shoulder is negative, since a labral tear may be present in a small percentage of patients. MR arthrogram is recommended if there is any question concerning the distinction between a full-thickness and partial-thickness tear. The medical documentation indicates that MRI was completed Feb 2015 with no indication of a complete labral tear, but does show a partial thickness tear on the inferior anterior supraspinatus tendon. Since the labral tear appears to have been fully evaluated and diagnosed by MRI, it is unclear why the treating physician is requesting a follow-up MR arthrogram. The patient is not post-operative, so a repeat tear is not a consideration in this case. There is no additional justification noted for the use of arthrogram given the existing MRI results. Therefore, the request for MR arthrogram, is not medically necessary.

Prilosec Delayed Release 20 mg Qty 60 with 3 refills: Upheld

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

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

Decision rationale: Prilosec is the brand name for omeprazole, a proton pump inhibitor (PPI). According to MTUS guidelines, this type of medication is recommended in patients at intermediate or high risk for gastrointestinal (GI) events and who have no cardiovascular disease. The guidelines provide criteria for risk stratification for gastrointestinal events. Risk factors include (1) age >65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Use of the medication is meant to serve as protection from GI issues. Other indications for use of this medication would be for primary GI disorders such as reflux disease. Long-term PPI use has significant side effects including increased risk of hip fracture. The medical documentation does not provide evidence of a primary GI disorder, bleeding, perforation, peptic ulcer, high dose NSAID, ASA use, or other GI risk factors. The patient is on NSAID, but not what would be considered to be a high dose. The patient does not appear to be at high risk for GI events. The treating physician does not provide any additional justification or indication for use of the

medication. Therefore, the request for Prilosec delayed release 20 mg #60, 3 refills, is not medically necessary at this time.

Ultracet 37.5/325 mg Qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 113; 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-96, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Ultracet is the brand name of tramadol/acetaminophen, and is classified as a central acting synthetic opioid, exhibiting opioid activity. According to MTUS guidelines, tramadol is not recommended as a first-line oral analgesic. ODG states that tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen. In general, MTUS states opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation does not indicate failure of first-line therapy, and the patient is concurrently on NSAIDs. The number and refill of the medication also indicates intent for greater than short term use, and the treating physician has not provided rationale for the proposed extended use of this medication. Tramadol is not indicated as first-line therapy without further justification. Therefore, the request for Ultracet 37.5/325 mg #60 with 1 refill, is not medically necessary.