

Case Number:	CM15-0092627		
Date Assigned:	05/19/2015	Date of Injury:	06/13/2012
Decision Date:	06/18/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/13/2015

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: Emergency 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 54 year old female who sustained an industrial injury on 06/13/2012. Current diagnoses include capsulitis (frozen) right shoulder, internal derangement right shoulder, tear of labrum, SLAP lesion, biceps tendon and rotator cuff right shoulder, status post right shoulder arthroscopy, debridement of labral tearings with repair of SLAP lesion, debridement of longitudinal biceps tendon tear and repair of rotator cuff tear on 08/30/2013, tear anterior labrum right shoulder, partial tear rotator cuff right shoulder, acromioclavicular joint osteoarthritis right shoulder, severe tendinitis biceps tendon right shoulder, and osteoarthritis right shoulder. Previous treatments included medication management, right shoulder surgery, and TENS unit. Previous diagnostic studies include a MRI on 01/31/2014. Report dated 04/13/2015 noted that the injured worker presented with complaints that included right shoulder pain with limited range of motion. Pain level was not included. Physical examination was positive for crank testing in the right shoulder. The treatment plan included continued use of electrical stimulation unit, prescriptions for naproxen sodium, Omeprazole, and Tramadol, obtain AME report, and discussed medications and usage. Disputed treatments include naproxen sodium, Tramadol, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60 with 5 refills: Upheld

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 Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen Sodium 550mg #60 with 5 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has right shoulder pain with limited range of motion. Pain level was not included. Physical examination was positive for crank testing in the right shoulder. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen Sodium 550mg #60 with 5 refills is not medically necessary.

Tramadol 50mg #200 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113.

Decision rationale: The requested Tramadol 50mg #200 with 4 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right shoulder pain with limited range of motion. Pain level was not included. Physical examination was positive for crank testing in the right shoulder. The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #200 with 4 refills is not medically necessary.

Omeprazole 20mg #30 with 5 refills: 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, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Omeprazole 20mg #30 with 5 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has right shoulder pain with limited range of motion. Pain level was not included. Physical examination was positive for crank testing in the right shoulder. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg #30 with 5 refills is not medically necessary.