

Case Number:	CM15-0094039		
Date Assigned:	05/20/2015	Date of Injury:	01/08/2015
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 55-year-old male who sustained an industrial injury on 01/08/2015. Diagnoses include impingement syndrome, rotator cuff tear-traumatic and bicipital tenosynovitis. X-ray of the left shoulder on 3/20/15 showed acromioclavicular (AC) joint degenerative joint disease with AC joint spurring. MRI of the left shoulder on 2/2/15 indicated a partial thickness tear on the inferior aspect of the mid-to-anterior supraspinatus tendon, mild degenerative changes at the left AC joint associated with mild hypertrophic changes causing mild indentation over the musculotendinous junction of the supraspinatus tendon. Treatment to date has included medications, shoulder injections, activity modification and chiropractic care. According to the PR2 dated 4/29/15, the IW reported frequent moderate to severe left shoulder pain that radiated into the left upper extremity with associated weakness. He reported the shoulder injection given on the previous office visit improved the pain by 30% for one week. He complained of pain that awakened him at night. An examination was not documented on that date. A request was made for Anaprox-DS 550mg, #90 with 1 refill, Prilosec 20mg, #60 with 2 refills and Ultracet 325mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg quantity 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant required a PPI for prophylaxis while on Anaprox. Pain scores were not documented. Future pain response to Anaprox cannot be determined. In addition, the recommended dose if BID and TID should only be used temporarily. The Anaprox with 1 refill is not medically necessary.

Prilosec 20mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

Ultracet 325mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, there was no documentation of pain level. Long-term use is not recommended. The claimant still required invasive procedures for pain relief, indicating inadequate pain relief with Ultracer. The continued use of Ultracet as above is not medically necessary.