

Case Number:	CM15-0097382		
Date Assigned:	05/28/2015	Date of Injury:	10/04/2012
Decision Date:	09/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 59 year old female, who sustained an industrial injury on 10/4/12. Initial complaints were from falling out of a bus injuring right ankle, head, right shoulder, right elbow, right knee and right middle finger. The injured worker was diagnosed as having superior glenoid labrum lesion; rotator cuff rupture; sprain of knee and leg NOS; post-surgical status; advanced degenerative arthritis right knee medial side; osteoarthritis left knee. Treatment to date has included status post right knee arthroscopy (8/20/13); status post right shoulder arthroscopy with rotator cuff repair subacromial decompression with acromioplasty, debridement, open subpectoral biceps tenodesis (4/14/14); physical therapy; medications. Diagnostics studies included MRI right shoulder (1/26/15); MR Arthrogram/CT right shoulder (1/26/15). Currently, the PR-2 notes dated 4/7/15 indicated the injured worker was in the office for an orthopedic progress evaluation. She complains of still having pain in the right shoulder and right knee. She has failed conservative management, anti-inflammatories, physical therapy and cortisone injections. The provider documents the only treatment that has been helping her is the TENS unit and has still not received one for home despite multiple requests. Care was transferred to an orthopedic surgeon for knee replacement with appointment scheduled on 4/14/15. On physical examination, the shoulder is unchanged. She has tenderness in the anterior bursa and greater tuberosity. She is able to flex forward 135, abduct 100, external rotate 75 and internally rotate to L3. She has positive Hawkin's sign, 5/5 strength in external rotation. Examination of the knee reveals tenderness in the medial joint line; range of motion is 0-140; neurovascularity intact distally and the knee is stable to varus and valgus stress. There is a negative Lachman's, anterior

drawer, posterior drawer and McMurray's. She has 5/5/ strength in the quadriceps and hamstrings and positive crepitation. The provider notes she is a status post right shoulder arthroscopy, rotator cuff repair, subacromial decompression, and extensive debridement of the glenohumeral joint, open s biceps tenodesis now one year with possible recurrent rotator cuff tear. She is diagnosed with right knee severe degenerative joint disease. She has been authorized for a right knee unicompartment Oxford knee. The provider is requesting authorization of Atenolol 50mg; Ibuprofen 800mg; Mobic 15mg; Motrin 800mg; Norco 5/325mg; Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 50 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes.

Decision rationale: CA MTUS/ACOEM is silent on antihypertensive use. ODG Diabetes chapter is referenced. Step therapy is warranted. In this case, there is no documentation of prior dose or response to establish the medical necessity. Therefore, the request is not medically necessary.

Ibuprofen 800 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Motrin is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Motrin is not warranted, as there is no demonstration of functional improvement and the injury is no longer acute. In this series of requests, the intent seems to be multiple NSAIDs, which increases the risk of GI ulcer (ODG pain). Therefore, the request is not medically necessary.

Mobic 15 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Mobic is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Mobic is not warranted, as there is no demonstration of functional improvement and the injury is no longer acute. In this series of requests, the intent seems to be multiple NSAIDs, which increases the risk of GI ulcer (ODG pain). Therefore, the request is not medically necessary.

Motrin 800 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Motrin is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Motrin is not warranted, as there is no demonstration of functional improvement and the injury is no longer acute. In this series of requests, the intent seems to be multiple NSAIDs, which increases the risk of GI ulcer (ODG pain). Therefore, the request is not medically necessary.

Norco 5/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. In this case, there is no quantity specified. The medical necessity based on prior response and quantity needed cannot be established. Therefore, the request is not medically necessary.

Tramadol 50 mg: 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): 93.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. In this case, there is no quantity specified. The medical necessity based on prior response and quantity needed cannot be established. Therefore, the request is not medically necessary.