

Case Number:	CM15-0098928		
Date Assigned:	06/01/2015	Date of Injury:	09/24/2014
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/22/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old male who sustained an industrial injury on 9/24/14. The injured worker was diagnosed as having rotator cuff syndrome and impingement syndrome. Currently, the injured worker was with complaints of right shoulder pain. Previous treatments included injection, activity modification and medication management. Previous diagnostic studies included a magnetic resonance imaging. Physical examination was notable for right shoulder tenderness over the anterior shoulder with restricted range of motion. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 2 refills QTY: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: The patient presents with complaints of right shoulder pain. The current request is for Norco 10/325mg #60 with 2 refills QTY: 180. The treating physician states, in a report dated 04/14/15, "Authorization is requested for following based on the stated MTUS guidelines: Hydrocodone (Norco), apap 10-325 Tablet SIG: Take 1 twice daily QTY: 60.00 REF: 2." (101B) since this is a first-time request for an opioid, the MTUS guidelines for initiating opioid is used. MTUS has 9 steps that are to be addressed, "Steps to Take Before a Therapeutic Trial of Opioids." In this case, the treating physician, in the records available for review, has failed to document any of the required steps. In fact, the treating physician specifically notes, "Currently, he denies any ongoing treatment or management for his pain symptoms." (96B). MTUS guidelines specifically state that the patient must fail a non-opioid analgesics trial before being put on an opioid, yet the patient is not currently on any medication at all. There was documentation that the patient took Ibuprofen in the past but no discussion that he failed this medication. The current request is not medically necessary.

Naproxen 550mg #60 with 2 refills QTY: 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The patient presents with complaints of right shoulder pain. The current request is for Naproxen 550mg #60 with 2 refills QTY: 180. The treating physician states, in a report dated 04/14/15, "Authorization is requested for following based on the stated MTUS guidelines: Naproxen Sodium 550mg SIG: Take 1twice daily QTY: 60.00 REF: 2." (101B) The MTUS guidelines state, "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, the treating physician documents "He reports experiencing pain flare-ups in the morning and at night. He also experiences constant stiffness, muscle cramping and spasms and popping, cracking sensation when he moves his neck. He states that when he experiences pain flare-ups, he would hyperventilate and palpitate due to the intensity of his symptoms. He rates the pain as 10/10 (with 0 being no pain and 10 being maximal pain). He reports limited range of motion due to pain. He denies any treatment or remedy effective in relieving the pain once it occurs." The MTUS guidelines support NSAIDs for chronic pain. The current request is medically necessary.

Omeprazole 20mg #30 with 2 refills QTY: 90: Overturned

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

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

Decision rationale: The patient presents with complaints of right shoulder pain. The current request is for Omeprazole 20mg #30 with 2 refills QTY: 90. The treating physician states, in a

report dated 04/04/15, "Authorization is requested for following based on the stated MTUS guidelines: Omeprazole Dr 20 Mg Capsule SIG: Take 1daily QTY: 30.00 REF: 2." (101B) The MTUS guidelines state, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." In this case, the treating physician has noted that in the past the patient had experienced stomach pain with NSAID usage. Given the prior history of GI upset and the current recommendation for NSAIDs, the current request is medically necessary.