

Case Number:	CM15-0099278		
Date Assigned:	06/04/2015	Date of Injury:	08/22/2012
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
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, North Carolina

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 is a 57 year old male, who sustained an industrial injury on August 22, 2012. He reported an injury to his right shoulder and was diagnosed with a complete tear of the rotator cuff supraspinatus tendon. Treatment to date has included MRI of the left elbow, Celestron injection of the elbow, right shoulder subacromial decompression with mini-open rotator cuff repair, physical therapy, home exercise program, heat/ice therapy, and work restrictions. An evaluation on February 23, 2015 revealed the injured worker was working his regular job. His right shoulder and left elbow and wrist had pain and limited strength. The diagnoses associated with the request include status post right shoulder cuff repair. The treatment plan includes naproxen, omeprazole and lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: CA MTUS states that NSAIDs are recommended for short-term use at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy in patients with mild to moderate pain. NSAIDs are recommended as a second-line treatment after acetaminophen in acute exacerbations of chronic low back pain. In this case, the patient has been on chronic NSAID therapy and there is no evidence of a trial of Acetaminophen or an exacerbation of low back pain. Therefore the request is not medically necessary or appropriate.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 67-68.

Decision rationale: CA MTUS guidelines state that patients on NSAIDs should be screened for the risk of GI events. Those at risk include, 1) age over 65 years; 2) history of peptic ulcer, GI bleed or perforation; 3) concurrent use of ASA, corticosteroids or anticoagulants; 4) high dose/multiple NSAIDs. This patient does not meet the criteria for prophylactic use of Omeprazole, therefore the request is not medically necessary or appropriate.

Lorazepam 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case there is evidence of long-term use. Tolerance develops rapidly. Antidepressants are more appropriate in this case. The request for lorazepam is not medically necessary or appropriate.