

Case Number:	CM13-0017295		
Date Assigned:	04/23/2014	Date of Injury:	08/21/2012
Decision Date:	07/09/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/27/2013

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. The expert reviewer is Board Certified in Neurology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old man who sustained a work-related injury on August 21, 2012. Subsequently chronic right shoulder pain. The according to the note dictated on July 10, 2013, the patient was complaining of right shoulder pain with limited range of motion. His physical examination demonstrated the anterior right shoulder tenderness with flexion and abduction. The patient was treated today with physical therapy activity when medication and pain medication. On December 6, 2012, the patient underwent right shoulder arthroscopy. There is no documentation regarding the duration of pain medication used and effect of these medications on the patient functional and pain. The provider requested authorization for Medrol ointment, tramadol and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF MEDROX OINTMENT, APPLY TWICE A DAY (DISPENSED ON 7/10/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of oral form of one or all compound of the patch. There is no documentation of failure or adverse reaction of first line pain medications. (Menthol, capsaicin, methyl salicylate). Therefore, topical analgesic Medrox patch (menthol, capsaicin, methyl salicylate) is not medically necessary.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF OMEPRAZOLE 20MG DAILY (DISPENSED ON 7/10/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole DR 20mg prescription is not medically necessary.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF TRAMADOL HCL 50MG, TAKE TWICE DAILY (DISPENSED ON 7/10/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. There is no clear justification for the prescription of Tramadol. There is no documentation that the patient responded to previous use of narcotics. Tramadol was used at least since 2013 without clear

documentation of its effect on the patient's pain and function. Therefore, the prescription of Tramadol HCL tab 50mg is not medically necessary at this time.