

Case Number:	CM13-0031173		
Date Assigned:	12/04/2013	Date of Injury:	05/06/2009
Decision Date:	01/21/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, 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 physician 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 was a 69-year-old male who was injured on May 6, 2009 when the car he was driving to another jobsite was hit by another car. The patient complained of pain and decreased range of motion in the right shoulder. Diagnoses included right shoulder adhesive capsulitis, right shoulder subacromial bursitis, and impingement syndrome of the right shoulder. Treatment included physical therapy and medications. Claims for Tramadol ER, 150 mg , # 30, Omeprazole DR 20 mg # 60, Flurbiprofen cream LA 180 gms, and Gaba/Cyclo/Trama 10/6/10% 180 grams was submitted on August 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Tramadol HCL ER 150 mg, #30 between 5/13/2013 and 5/13/2013:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 76-96.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the

patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. In this case the medication was not prescribed for short-term use and the criteria for opioid use were not met.

1 Omeprazole DR 20mg #60 between 5/13/2013 and 5/13/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter issue 128, Page 31: Drugs for Pain

Decision rationale: Omeprazole is a proton pump inhibitor used in the treatment of peptic ulcer disease and gastritis. Gastritis may occur as a side effect of non-steroidal anti-inflammatory drug (NSAID) use. The patient was not being treated with oral NSAID's. A topical NSAID was requested. The patient denied heartburn, stomach pain, nausea, or vomiting. There was no tenderness on abdominal exam. There was no indication documented for the Omeprazole.

1 Prescription for Flurbiprofen (NAP) Cream - LA 180gm between 5/13/2013 and 5/13/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 111-112.

Decision rationale: Flurbiprofen Cream is a topical non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It has not been evaluated for treatment of the spine, hip, or shoulder. In this case the patient does not have a diagnosis of osteoarthritis and the treatment for his injury was not short term.