

<b>Case Number:</b>	CM13-0034608		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 is 34-year-old male who reported an injury on 03/13/2013. The mechanism of injury was not provided for review. The patient's most recent clinical examination revealed that the patient had persistent left shoulder pain. Physical findings included tenderness over the subacromial space and acromioclavicular joint with a positive impingement and Hawkins sign and pain with range of motion. The patient's diagnoses included left shoulder impingement. The patient's treatment plan was surgical intervention and to continue medications as prescribed while awaiting surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one prescription for Naproxen Sodium 550mg #120 (through [REDACTED] between 8/26/2013 and 11/4/2013): 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 Medications for Chronic Pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The prospective request for Naproxen Sodium 550 mg #120 (between 08/26/2013 and 11/04/2013) is not medically necessary or appropriate. California Medical

Treatment Utilization Schedule does recommend non-steroidal anti-inflammatory drugs for pain control. The clinical documentation submitted for review does provide evidence that the patient has significant pain with range of motion. However, California Medical Treatment Utilization Schedule recommends continued use of medications be supported by documentation of functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief related to medication usage. Additionally there is no documentation of functional benefit related to the patient's medication usage. As such, the requested naproxen sodium 550 mg #120 (between 08/26/2013 and 11/04/2013) is not medically necessary or appropriate.

**one prescription for Omeprazole 20mg #120 (through [REDACTED] between 8/26/2013 and 11/4/2013): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested Omeprazole 20 mg #120 (between 08/26/2013 and 11/04/2013) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants who are at risk for developing gastrointestinal disturbances relating to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for development of gastrointestinal disturbances related to medication usage. Therefore, continued use of this medication would not be indicated. As such, the requested of Omeprazole 20 mg #120 (between 08/26/2013 and 11/04/2013) is not medically necessary or appropriate.

**one prescription for Cyclobenzaprine 7.5mg #120 (through [REDACTED] between 8/26/2013 and 11/4/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Cyclobenzaprine 7.5 mg #120 (between 08/26/2013 and 11/04/2013) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the extended use of muscle relaxants in the management of a patient's chronic pain. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Additionally, the clinical documentation does not provide any evidence of functional benefit or pain relief related to the patient's medication usage. Therefore, continued use of this medication would not be

supported. As such, the requested Cyclobenzaprine 7.5 mg #120 (between 08/26/2013 and 11/04/2013) is not medically necessary or appropriate.

**one prescription for Tramadol ER 150mg #90 (through [REDACTED] between 8/26/2013 and 11/4/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Tramadol extended release 150 mg #90 (between 08/26/2013 and 11/04/2013) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends opioids in the management of a patient's chronic pain supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence of compliance to the prescribed medication. The clinical documentation submitted for review does not provide and evidence that the patient is monitored for aberrant behavior. Additionally, there is no quantitative assessment of the patient's pain relief to support continued usage. In fact, the clinical documentation submitted for review does not provide a significant change in the patient's clinical presentation to support that the patient has any pain relief related to medication usage. Additionally, there is no document of functional benefit related to the patient's medication schedule. As such, the requested Tramadol extended release 150 mg #90 (between 08/26/2013 and 11/04/2013) is not medically necessary or appropriate.