

<b>Case Number:</b>	CM13-0042398		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 is a 43 year old female with a date of injury of 8/17/2007. According to the submitted documents, this patient suffered from chronic low back, neck, and right shoulder pain. In a report dated 9/17/2013, the patient complained of persistent right shoulder pain that continued to bother her and waked up at night. She stated that the pain affected her activities of daily living and she increased her medication usage. During the examination the physician noted tenderness at her biceps tendon and acromioclavicular joint along with limited range of motion. Orthopedic tests of right shoulder produced pain. On 3/31/2010, she underwent shoulder arthroscopy. Prior conservative treatments consisted primarily of physical therapy, chiropractic treatment and medications, including opioids, muscle relaxants, NSAIDs and compounded topical applications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg, #60 between 9/17/2013 and 11/22/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75, 80 and 84.

**Decision rationale:** Regarding Tramadol ER 150mg, #60 between 9/17/2013 and 11/22/2013, this is not supported by the guideline as a first line treatment for neuropathic pain. Per the guidelines, opioids should be discontinued if there is no overall improvement in functioning or pain. According to the submitted medical records, the patient was taking Tramadol only to help with activities of daily living with no indication of overall functional or pain improvement. She continues to have shoulder pain causing her to wake up at night. The slow taper method calculates into 25% reduction of the medication for the first month. Therefore, the prospective request for 60 Tramadol ER 150 mg was recommended certified with modification to 45 by the previous UR Physician for weaning purposes. ODG recommends the lowest possible dose should be prescribed to improve pain and function. Tramadol ER 150 mg according to previous UR reviewer. Therefore the request for Tramadol ER 150mg, #60 between 9/17/2013 and 11/22/2013 is not medically necessary.

**Omeprazole 20mg, #100 between 9/17/2013 and 11/22/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Omeprazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. This patient is taking NSAIDs with no documented GI distress symptom or any supporting documentation or laboratory studies to confirm the issue of GI bleeding. Since NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines recommended that GI prophylaxis is indicated in patients with history of peptic ulcer, GI bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSAIDs either single or in multiple doses. Absent any clear clinical indication for GI prophylaxis in this patient, the request for Omeprazole 20mg, #100 between 9/17/2013 and 11/22/2013 is not medically necessary.