

<b>Case Number:</b>	CM13-0047446		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/09/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2013

### 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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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:

This case involves a 52 year-old female with a 5/9/2008 industrial injury claim. Her diagnoses include: status post right shoulder surgery for frozen shoulder and tendinitis 2/5/13; cervical strain; abdominal discomfort suspected of being related to NSAID use, and positive H.pylori, treated with antibiotics. According to the 10/28/13 physiatry report from [REDACTED], the patient presents with neck and right shoulder pain. She was reported to be seeing a gastroenterologist, [REDACTED], for GI issues and was advised to continue using Protonix indefinitely as long as the abdominal discomfort was controlled. She also uses Ultram what relieves some of the shoulder pain and allows her to continue activities, otherwise she stops activities due to pain. The plan was to continue Ultram, Protonix and use trolamine salicylate cream on the shoulder. On 10/11/13 UR denied these.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM 50 MG #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going Managements.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol(Ultram), Opioids,and Pain Outcomes and Endpoints Page(s): 113,75, 8, 9.

**Decision rationale:** The patient presents with neck, right shoulder and abdominal pain/discomfort. I have been asked to review for Ultram. The Ultram was reported to help with right shoulder pain and allowed for increased function. MTUS guidelines states tramadol is not recommended as first-line therapy. On reviewing the records, it appears the patient has tried ibuprofen and Norco prior to using Ultracet. MTUS states: "Pain is subjective. It cannot be readily validated or objectively measured (AMA Guides, 5th Edition, page 566). Furthermore subjective reports of pain severity may not correlate well with its functional impact. Thus, it is essential to understand the extent that function is impeded by pain". The physician has reported a satisfactory response with use of Ultracet, with decreased pain and improved function and it was not used as a first-line oral analgesic. Ultracet is in accordance with MTUS guidelines. The request for Ultram is medically necessary and appropriate.

**TROLAMINE SALICYLATE CREAM 10%:** Upheld

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

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

**Decision rationale:** The patient presents with neck, right shoulder and abdominal pain/discomfort. I have been asked to review for trolamine salicylate cream. The 10/28/13 report states the cream is used on the right shoulder. MTUS guidelines for topical NSAIDs states topical NSAIDs are for osteoarthritis in the knees, elbows or other joints amenable to topical treatments. MTUS states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." MTUS does not appear to support topical NSAIDs for the shoulder. The request is not in accordance with MTUS guidelines. The request for Trolamine Salicylate Cream is not medically necessary.

**PANTOPRAZOLE 20 MG #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors(PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The patient presents with neck, right shoulder and abdominal pain/discomfort. The patient has been evaluated by several GI specialists and the current one being [REDACTED], who apparently recommended continued use of Pantoprazole. The patient has seen [REDACTED], another gastroenterologist on 1/22/13 noting dysphagia and GERD. She has been found to have H.pylori, and was treated with antibiotics. I have been asked to review for continued use of pantoprazole. The patient has a well-documented history of GI event, and currently has GERD. The use of pantoprazole as recommended by the GI specialist for

GERD is in accordance with its boxed label indication. The request for Pantoprazole 20mg is medically necessary.