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| Case Number: | CM13-0065292 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 11/23/2011 |
| Decision Date: | 04/16/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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 Internal Medicine, Pulmonary Diseases 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 51-year-old female who reported an injury on 11/20/2011 after he fell from a ladder which reportedly caused injury to his right shoulder, thoracic spine, lumbar spine, cervical spine and head. The patient's treatment history included surgical intervention, postoperative physical therapy and chiropractic care. The patient's chronic pain was managed with medications to include Tramadol and naproxen. The patient's most recent clinical documentation noted that the patient had back and right shoulder complaints rated at an 8/10. Patient's physical examination revealed limited lumbar range of motion secondary to pain and limited right shoulder range of motion secondary to pain with a positive impingement and Neer's sign. The patient's diagnoses included right shoulder degenerative joint disease, right shoulder tear in the subscapularis tendon, status post right shoulder recurrent impingement syndrome, right shoulder supraspinatus and infraspinatus tendinosis, chronic cervical spine sprain, recurrent lumbar spine, and lumbar spine radiculopathy. The patient's treatment plan included quarterly blood lab draws, refill of medications to include naproxen, omeprazole, and Tramadol, and a surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

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

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

Decision rationale: The requested Tramadol 50 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of medications be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and documentation that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief. The clinical documentation does indicate that the patient has 8/10 pain. However, there is no documentation of benefits from the prescribed medication. Additionally, the clinical documentation does not include any evidence of functional benefit related to medication usage. Also, there is no evidence that the patient is monitored for aberrant behavior. As such, the request Tramadol 50 mg is not medically necessary or appropriate.

Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, 2009, Chronic Pain, NSAIDs, page 22; page 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60,67.

Decision rationale: The request naproxen sodium 550 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of this medication in the management of chronic pain. However, California Medical Treatment Utilization Schedule states that medications used in the management of chronic pain must be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit related to the patient's medication usage. As such, the request naproxen sodium 550 mg is not medically necessary or appropriate.

Omeprazole 20mg: 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: The request omeprazole 20 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule states that gastrointestinal protectant is appropriate for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that they are at risk for

developing gastrointestinal disturbances as a result of medication usage. Therefore, the continued use of this medication would not be supported. As such, the request omeprazole 20 mg is not medically necessary or appropriate.