

<b>Case Number:</b>	CM14-0167998		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family 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 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 patient has a date of injury on 3/2/2012. Patient fell and experienced left shoulder and low back pain. MRI of the left shoulder on 1/29/14 showed supraspinatus tendinopathy with Hill-Sachs lesion and no evidence of a labral tear. Patient had a decompressive laminectomy on the left at L4-L5 and L5-S1 on 10/14/2013. Diagnosis includes left shoulder recurrent dislocation with Hill-Sachs lesion and status post lumbar decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-86.

**Decision rationale:** Based on guidelines the use of opioids should be continued if there is a functional improvement. Short course therapy is recommended. Based on the medical records the patient continues to have pain with Tramadol. Thus Tramadol is not medically necessary.

**Naproxen sodium 550mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** According to guidelines it states NSAIDS should be used for a short duration. The patient shows no improvement while being on Naproxen. Acetaminophen is also recommended as first line therapy. There is no mention of Acetaminophen. Based on this Naproxen is not medically necessary and appropriate.

**Pantoprazole 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** According to guidelines Pantoprazole is to be used when NSAIDS are used for patients at increased risk of gastritis. Since Naproxen is not medically necessary then Pantoprazole is not medically necessary.

**Cyclobenzaprine 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, shorter courses are better. The patient has been on Cyclobenzaprine for a prolonged period of time and is not medically necessary.