

<b>Case Number:</b>	CM14-0172779		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/30/2009
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Physical Medicine and Rehabilitation, 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:

The patient is a 50 year old female with an injury date of 11/30/09. Per the 08/15/14 report by [REDACTED] the patient presents with constant aching right shoulder and elbow pain with tightness into her shoulder and neck. Pain is rated 0/10 with medications and 2/10 without. The patient is working 4 hours shifts. Examination of the right upper extremity shows brachioradialis myofascial restrictions and muscle tightness appreciated with lateral epicondyle tenderness to palpation. Also, tenderness to palpation in the anterior portion of her right shoulder, right periscapular region, insertion of the biceps tendon and the radial aspect of the wrist and forearm. The patient's diagnoses include dysthymic disorder; esophageal reflux; disturbance of skin sensation; lateral epicondylitis of elbow; pain in shoulder region; and disorders of bursae and tendon in shoulder region, unspecified. Current medications are listed as Sertraline, Naproxen Sodium, Tramadol, Omeprazole, Colace and Cyclobenzaprine. The utilization review being challenged is dated 09/24/14. Reports were provided from 11/03/11 to 08/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with constant right shoulder and elbow pain with tightness in the shoulder and neck rated 0-2/10. The provider requests for retrospective Omeprazole 20 mg #60. The reports provided show the patient has been using this medication since at least 05/02/14. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, page 69 state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The 08/15/14 report states this medication is for GI discomfort and helps the patient. The 06/27/14 report states the patient has GI upset. The patient is prescribed Naprosyn Sodium 550mg and use of this NSAID is documented since at least 05/02/14. Given the patient's GI discomfort, use of PPI appears reasonable. Therefore, this request is medically necessary.

**Retrospective Sertraline 50mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Sertraline (Zoloft)

**Decision rationale:** The patient presents with constant right shoulder and elbow pain with tightness in the shoulder and neck rated 0-2/10. The provider requests for Sertraline 50 mg #60. The reports show the patient has been using this medication since at least 05/02/14. Official Disability Guidelines, Sertraline (Zoloft), states, the medication is recommended as first-line treatment option for Major Depressive Disorder and Post-Traumatic Stress Disorder. The provider states in the reports provided the medication is for depression. The 07/17/14 AME report notes depression in this patient since before March 2012. On 05/30/14 a PHQ-9 depression screening was done to monitor depression related to chronic pain which scored 18 indicating moderate to severe depression. The patient stated she feels her depression is managed with use of this medication daily. Progress reports mention multiple times that mood and function of the patient is improved by Sertraline. In this case, the medication is indicated as a first line treatment for Major Depressive Disorder, the patient is documented to have moderate to severe depression, and benefit to the patient is stated. Therefore, this request is medically necessary.

**Retrospective Tramadol 50mg #100:** 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 Opioids Page(s): 88, 89,76-78.

**Decision rationale:** The patient presents with constant right shoulder and elbow pain with tightness in the shoulder and neck rated 0-2/10. The provider requests for Tramadol 50 mg #100. Reports show the patient has been using this medication since at least 05/02/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided show pain assessment at each visit with use of a pain scale. Pain is noted 1/10 with medications and 3/10 without on 05/20/14 and 0/10 with medications and 2/10 without on 08/15/14. The 08/15/14 report states the patient reports current medications provide relief and she feels that she is able to do more things with the medications. On 07/17/14 the patient completed a questionnaire regarding ADLs which states the patient can: look after herself but with extreme discomfort; only carry light to medium objects; is prevented from walking more than 1 mile by symptoms; do moderate activity for 2 minutes; climb a flight of stairs with some difficulty; sit for 1-2 hours at a time; only stand/walk for less than 15 minutes at a time; can grasp something at chest level with no difficulty; can grasp something overhead with some difficulty; push light objects; some difficulty gripping, grasping and holding with the hands; perform repetitive motions with a lot of difficulty; sleep with moderate disturbance of 2-3 hours sleeplessness. The patient experiences: major change in sexual function; moderate pain at the moment; some to a little interference in engaging in social activities; interference in concentration and thinking all the time due to pain. Opiate management issues are partly addressed. On 08/15/14 the provider states safety and side effects of medications are discussed with the patient. However, there is no discussion of aberrant behavior and no urine toxicology reports are provided or discussed. The reports do not document outcome measures as required. In this case, there is not sufficient documentation to support long-term opioid use as required by MTUS. Therefore, this request is not medically necessary.

**Retrospective Naproxen Sodium 550mg #60:** 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 Anti-inflammatory medications Page(s): 60,61,22.

**Decision rationale:** The patient presents with constant right shoulder and elbow pain with tightness in the shoulder and neck rated 0-2/10. The provider requests for Naproxen Sodium 550 mg #60. The reports show the patient has been using this medication since at least 05/02/14. MTUS Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, page 22

state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The provider states this medication is used for pain and inflammation. The 08/15/14 report states the patient reports current medications provide relief and she feels that she is able to do more things with the medications. Pain is stated to be 0/10 with medications and 02/10 without. The patient reported has GI side effects. It is not known why the provider continues to prescribe chronic oral NSAIDs for a patient with 2/10 pain. There does not appear to be significant enough pain to warrant use of pain medication. Therefore, this request is not medically necessary.