

Case Number:	CM14-0174628		
Date Assigned:	10/27/2014	Date of Injury:	09/25/2009
Decision Date:	12/04/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 49 year old patient with date of injury of 09/25/2009. Medical records indicate the patient is undergoing treatment for impingement syndrome. Subjective complaints include moderate pain in the right shoulder, limited range of motion to right shoulder, gastrointestinal upset believed to be from the medication. Objective findings include healed surgical wounds, significant reduction in range of motion and tenderness to palpation, active elevation 150 internal rotation spinal segments L1, passive flexion 170, internal rotation 90, abduction 45, external rotation 0, and flexion 85. Strength with resisted abduction is 4/5, mild discomfort with flexion and internal rotation and normal sensation. Treatment has consisted of physical therapy x 12, home exercise program, Ibuprofen and Voltaren gel. MRI of the right shoulder on 1/20/2011 was normal. Patient underwent right shoulder arthroscopy on 08/06/2014 and has approval for 24 physical therapy sessions post op. The utilization review determination was rendered on 10/08/2014 recommending non-certification of Tramadol 250mg, 1 by mouth every 8 hours for three months, Omeprazole 20mg, 1 by mouth daily for three months and Naproxen 550mg, 1 by mouth twice a day for three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 250mg, 1 by mouth every 8 hours for three months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. As such, the request for Tramadol 250mg, 1 by mouth every 8 hours for 3 months is not medically necessary.

Omeprazole 20mg, 1 by mouth daily for three months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg, 1 by mouth daily for 3 months is not medically necessary.

Naproxen 550mg, 1 by mouth twice a day for three months: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: MTUS recommends NSAIDs for osteoarthritis "at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension." The original utilization review recommended modification of this request due to the reported side effects to Naproxen 550mg one by mouth twice daily for 6 weeks to allow for re-evaluation of reported side effects, the need for additional treatment or discontinuation. This modification seems appropriate. As such, the request for Naproxen 550mg, 1 by mouth twice a day for 3 months is not medically necessary.