

<b>Case Number:</b>	CM14-0179286		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Orthopedic Surgery 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:

51-year-old claimant with reported industrial injury on October 1, 2012. Claimant is status post right shoulder arthroscopy on 4/15/2014. MRI cervical spine from 12/17/2012 demonstrates mild scattered degenerative spondylitic changes with superimposed small central protrusion at C4-5 and greater than C3-4. Exam note from 8/11/2014 demonstrates reports of cervical pain and discomfort rated as 5-6 and a 10 in severity, which was constant. Pain was noted to be aggravated to include cervicogenic headaches. Patient reports overall improvement in range of motion as well as improvement in alleviation of her overall symptoms in the right shoulder. Cervical spine examination demonstrated no obvious deformity. Range of motion was noted to be active flexion to 35 of extension to 40 and right rotation to 70 and left rotation is 60. Right shoulder exam demonstrated a healed surgical incision from prior arthroscopy. Shoulder range of motion was noted to have active flexion 35. Extension was noted to be 45. Tenderness was noted to palpation of the right biceps tendon as well as the right subacromial bursa and acromioclavicular joint space.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back (updated 08/04/14)

Magnetic resonance imaging (MRI) Indications for imaging --MRI (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints page(s) 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are:- Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure In this case the exam notes from 8/11/14 do not demonstrate any deficit neurologically or failed strengthening program prior to the request for MRI. Therefore the request is not medically necessary.

**Tramadol 50 mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids criteria for use, Weaning of.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines page(s) 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 8/11/14 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary.

**Naproxen 550 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 8/11/14. Therefore the request is not medically necessary.

**Omeprazole 20 mg #30 with 2 refills:** Upheld

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

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 8/11/14 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore the requested is not medically necessary.

**Butal aspirin caffeine 50/325/40 mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic agents Page(s): 23.

**Decision rationale:** CA MTUS/Chronic Pain Treatment Guidelines, page 23 states that Barbiturate containing analgesic agents is not recommended for chronic pain. There is the potential for drug dependency, which is high, and no evidence that there is a clinically important enhancement of analgesic activity of these drugs due to barbiturate constituents. Therefore the request is not medically necessary.