

<b>Case Number:</b>	CM14-0180473		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 New Jersey. 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 worker is a 47 year old female who was injured on 3/14/2010. She was diagnosed with lumbar disc disease, cervical disc disease, impingement syndrome right shoulder, bicipital tendonitis, internal derangement of the left knee, carpal tunnel syndrome, depression, and chronic pain syndrome. She also has a diagnosis of diabetes. She was treated with Hyalgan injections in the knee, medications, surgery (shoulder), cortisone injections (shoulder, back), wrist and knee braces, and TENS unit. In 2012, an MRI of her right shoulder showed tendinopathy, and AC arthropathy. On 8/28/14, the worker was seen by her orthopedic physician for a follow-up evaluation, complaining of pain rated at 8/10 on the pain scale and associated with weakness in the arms and legs. She also reported difficulty sleeping, standing, and walking. Physical findings included positive impingement and Hawkins sign of right shoulder and tenderness along cervical, thoracic, and lumbar paraspinal muscles bilaterally. She was then reminded of her physical restrictions, given refills on her medications (Norco, Effexor, Tramadol ER, Trazodone, Protonix, and Naproxen), asked to repeat a right shoulder MRI in preparation for a discussion on getting shoulder surgery with another orthopedic surgeon, and was given a referral to see a neck and back specialist for a possible injection and pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription for Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be "considered for moderate to severe chronic pain as a secondary treatment," but require that for continued opioid use, there is to be "ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use," all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, who had been using tramadol for her chronic pain, there was no documented evidence of this medication improving the worker's function in a measurable way, which is required in order to justify continuation. Therefore, without this evidence of benefit, the Tramadol is not medically necessary.

**Prescription for Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be "recommended for osteoarthritis as long as the lowest dose and shortest period is used." The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she had been using naproxen chronically leading up to this request for continuation. However, there was no documented evidence found in the notes available for review showing clear and direct functional benefit related to the Naproxen use, which is required in order to justify continuation. Therefore, the Naproxen is not medically necessary.

**Prescription for Protonix 20mg #60:** 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 rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to "display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs." In the case of this worker, there was no documented evidence suggesting she was at an intermediate or high risk of gastrointestinal events which might have justified her Protonix use. Also, there is no evidence to suggest that she required Protonix over another proton pump inhibitor such as Omeprazole. Therefore, the Protonix is not medically necessary.

**Single Positional Magnetic Resonance Imaging (MRI) of the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are "not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition." Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would test such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. In the case of this worker, there was no documented evidence subjective or objective from physical findings that showed significant change in the worker's right shoulder condition that might have warranted ordering imaging studies. There was no evidence of a red flag diagnosis. Although surgery on the right shoulder was the stated intention of this MRI study, there is also no clear evidence that this worker required surgery on his right shoulder. Therefore, the MRI of the right shoulder is not medically necessary.

**Referral to Specialist for Neck and Low Back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124, 77, 81. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a "diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, she is being followed by an orthopedic specialist already. After reviewing the documents available, there was no physical objective evidence from the progress note at the time of the request for a referral to a pain specialist that the worker had clear cervical or lumbar radiculopathy which might have justified a referral for injections specifically. Also, there was no evidence that the provider required assistance with managing opioids in this particular worker as this was not documented. Therefore, referral to a specialist is not medically necessary.