MAXIMUS Federal Services

| Case Number: | CM14-0020045 | | |
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| Date Assigned: | 04/25/2014 | Date of Injury: | 05/14/2012 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 01/21/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

## 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 38 year old female who reported an injury of continued trauma on 05/14/2012. In the clinical note dated 12/16/2013, the injured worker complained of right shoulder pain of which she rated as 7/10 on the pain level scale and pain of her right wrist/hand of which she rated as 4/10 on the pain level scale. The physical examination of the right shoulder revealed tenderness and decreased range of motion. The physical examination of right hand and thumb revealed well healed incisions for the trigger thumb and carpal tunnel release. The diagnoses included right wrist pain status post carpal tunnel release on 09/19/2012, right thumb pain following trigger release on 09/16/2013, and right shoulder impingement syndrome with acromioclavicular joint pain. The treatment plan included a request for authorization for right shoulder arthroscopic subacromial decompression and excisional acromioclavicular joint arthroplasty since it was documented that the injured worker had symptoms of right shoulder bursitis for more than 2 years and had failed a long course of non-surgical treatment that included rest, therapy, medication, and subacromial corticosteroid injections. The request also included a request for post-surgical medications of Diclofenac XR 100mg 1 every day #30 for inflammation, Tramadol ER 150mg 1-2 every day #60 for pain and Omeprazole 20mg 1 twice a day as needed for stomach protection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC XR 100MG #30:** 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 NSAIDs, specific drug list and adverse effects Page(s): 71.

**Decision rationale:** The California MTUS guidelines state that Diclofenac XR (Voltaren XR) 100mg is recommended PO once daily for chronic therapY. Diclofenac XR (Voltaren-XR) should only be used as chronic maintenance therapy. In the clinical note it was documented that the request for Diclofenac XR was for post-surgical inflammation, however, the guidelines state that the use of Diclofenac XR is recommended for chronic maintenance therapy. Therefore, the request for Diclofenac XR 100mg #30 is not medically necessary and appropriate.

**TRAMADOL ER 150MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

**Decision rationale:** The California MTUS guidelines state that Tramadol is indicated for moderate to severe pain. The guidelines also state that a patient currently not on immediate release tramadol should be started at a dose of 100mg of tramadol ER once daily. The clinical note lacked documentation of the injured workers pain level after past surgeries and if non-steroidial anti-inflammatories had not worked. Also, the guidelines recommend a starting dose of 100mg for tramadol ER and the request is for tramadol ER 150mg is over the recommended starting dose. Therefore, the request for Tramadol ER 150mg #60 is not medically necessary and appropriate.

**OMEPRAZOLE 20MG #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** The California MTUS guidelines state that omeprazole is recommended if the injured worker is (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). The clinical note lacked documentation of the injured worker having any gastrointestinal upset or previous problems post surgical procedures pertaining to gastrointestial upset. Therefore, the request for omeprazole 20mg #100 is not medically necessary and appropriate.