

<b>Case Number:</b>	CM14-0022010		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	12/27/2008
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational Medicine 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 54-year-old male who has submitted a claim for cervical spine C4-5 facet arthropathy, right shoulder chronic strain with impingement with advanced degenerative joint disease of acromioclavicular joint, lumbosacral spine chronic sprain/strain, left chronic L5-S1 radiculopathy associated from an industrial injury date of December 27, 2008. Medical records from 2013-2014 were reviewed, the latest of which dated February 12, 2014 revealed that the patient complains of intermittent neck pain, which radiates into the upper and mid back. He has stiffness in the neck. The pain is increased with movements and being exposed to cold weather conditions. The pain is relieved with rest and medication. He also complains of constant right shoulder pain, which radiates down the right arm to the hand. He has cramping in the right arm, and numbness/tingling in the entire right arm/hand. The pain is increased with prolonged positioning of the arm, and having the arm hang on his side. The pain is relieved with light movements and medication. This pain awakens the patient from sleep. The patient also complains of intermittent left shoulder pain, which radiated into the upper and mid back. He has stiffness in the left shoulder. The pain is increased with movements and being exposed to cold weather conditions. The pain is relieved with rest and medication. He also complains of intermittent low back pain, which is localized. He has numbness/tingling in the left lower extremity to the calf. The pain is increased with prolonged sitting, standing, walking, and being exposed to cold weather conditions. The pain is relieved with medication. This pain awakens the patient from sleep. Activities of daily living aggravate the pain. He also complains of stomach upset and nausea. On physical examination, there is point tenderness over the upper trapezius and levator scapulae muscles, bilaterally. The patient complains of cervical spine pain with range of motion maneuvers. There is difficulty with use of the right shoulder, secondary to pain. There is tenderness over the bilateral shoulders, worse on the right. There is positive Neer, Hawkin and

Jobe test on the right. There is crepitus in the right shoulder with the range of motion maneuvers. The patient walks with a slow gait, utilizing a walker equipped with a seat. There is tenderness over the lumbar spine at midline, lumbosacral spine at midline and on the left, and sacral spine. There is hamstring tightness, bilaterally. Deep tendon reflex is 0 in the patellar tendon and 1+ in the Achilles tendon, bilaterally. Treatment to date has included functional capacity evaluation (1/30/14), cortisone injections, physical therapy, and medications that include cyclobenzaprine, naproxen, tramadol, gabapentin, omeprazole, meclizine, zolpidem and Norco. Utilization review from February 13, 2014 denied the request for Naproxen 550 mg guidelines do not support long-term utilization of NSAIDs typically and no physical examination findings were provided; denied the request for Tramadol 150 mg because there is no documentation of a maintained increase in function or decrease in pain with the use of this medication and no physical examination findings were provided; and denied the request for Omeprazole 20 mg because there is no evidence this claimant is significantly increased risk for GI upset or bleed and no physical examination findings were provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NAPROXEN 550MG:** 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 Page(s): 67-69.

**Decision rationale:** As stated on pages 67-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on anti-inflammatory medication since at least October 2011 with no documentation regarding objective functional benefits derived from the treatment. Additional information is necessary at this time to support the continued use of this medication. Moreover, the amount to be dispensed was not specified. Therefore, the request for Naproxen 550 mg is not medically necessary.

**TRAMADOL 150MG:** 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, Tramadol Page(s): 78-81, 113.

**Decision rationale:** As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In

addition, guidelines state that tramadol is not recommended as a first-line oral analgesic. Patient has been on this medication since at least October 2011. However, there was no documentation of recent pain relief, functional improvement, or urine toxicology reviews. Also, there is no discussion to support the need for continuation of opioid use. Moreover, the amount to be dispensed was not specified. Therefore, the request for Tramadol 150 mg is not medically necessary.

**OMEPRAZOLE 20MG:** 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, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The patient is at risk for gastrointestinal events if age > 65 years, has a history of peptic ulcer, GI bleeding or perforation, on concurrent use of ASA, corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAID. Patients with intermediate or high risk factors should be prescribed proton pump inhibitor. Patient has been on this medication since at least October 2011. He has a history of long-term use of NSAIDs and opioid. However, the patient is not at risk for gastrointestinal events. Moreover, the amount to be dispensed was not specified. Therefore, the request for Omeprazole 20 mg is not medically necessary.