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| Case Number: | CM14-0042161 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 03/20/2012 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 03/20/2012. The mechanism of injury is unknown. The injured worker had prior treatments of physical therapy, acupuncture, and medications. She was noted to have a diagnosis of left shoulder adhesive capsulitis. The injured worker had a clinical evaluation on 01/29/2014. It was documented that the injured worker complained of constant pain. The treatment plan was to manage her blood glucose levels and return for a cortisone injection for pain control. She was also encouraged to continue with her home exercise program and return for a followup visit in 6 weeks. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: 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
Page(s): 69.

Decision rationale: The request for naproxen 550 mg #60 is non-certified. The California MTUS, Chronic Pain Medical Treatment Guidelines indicate naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. If long-term or high dose therapy is required, full dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. The injured worker had a clinical evaluation on 01/29/2014. The injured worker indicated that she has constant pain that is worse at night or when the weather is cold. Unfortunately, this is an inadequate assessment of the injured worker's pain. It is not clear if the injured worker has mild, moderate, or severe pain. The medication naproxen is being requested at 550 mg. This is in excess of the dose preferred by the guidelines which is 500 mg twice a day. In addition, the request fails to indicate a frequency. Therefore, the request for naproxen 550 mg #60 is non-certified.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82, 84.

Decision rationale: The request for tramadol extended release 150 mg #30 is non-certified. The California MTUS, Chronic Pain Medical Treatment Guidelines do not recommend tramadol as a first-line therapy in neuropathic pain. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The documentation submitted for review does not indicate if there was a first-line trial of another medication before use of tramadol. The documentation also fails to provide an adequate pain assessment for use of an opioid. It is not documented how long the injured worker has used Tramadol and if there is any efficacy. In addition, the request for tramadol fails to provide a frequency. As such, the request for tramadol extended release 150 mg #30 is non-certified.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online version, Pain Chapter, Proton Pump Inhibitors.

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

Decision rationale: The California MTUS, Chronic Pain Medical Treatment Guidelines indicate use of a proton pump inhibitor during NSAID therapy when patients have an intermediate risk or high risk for gastrointestinal events. Based on the information submitted with this review, there is no indication that the injured worker has any gastrointestinal events. There is actually no

indication that the medication is providing any efficacy. In addition, the request does not indicate a frequency. Therefore, the request for Prilosec 20 mg #60 is non-certified.