

<b>Case Number:</b>	CM14-0047654		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/19/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 60-year-old female who was reportedly injured on November 19, 2009. The mechanism of injury was stated to be repetitive motion. The most recent progress note dated February 6, 2014, indicated that there were ongoing complaints of shoulder pain and bilateral wrist pains. The physical examination demonstrated impingement signs and decreased range of motion. Diagnostic imaging studies reported mild biceps and rotator cuff tendinosis. There was arthrosis of the acromioclavicular joint, with advanced cartilage loss and mild spurring. There was a partial detachment of the superior aspect of the anterior labrum and mild capsular thickening suggestive of mild adhesive capsulitis. Previous treatment included left shoulder injections, acupuncture, massage therapy and physical therapy. There was a recommendation for left shoulder surgery. A request was made for Norco, Anaprox, tramadol and Prilosec and was not certified in the pre-authorization process on March 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5MG tablets one month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** According to the medical of a progress note dated February 6, 2014 noted a prescription of both tramadol and Norco on the same date as well as a recommendation of the injured employee for surgery. It is unclear why opioid medications were prescribed at the same time. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines support opiates for the short-term management of moderate to severe pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**Anaprox, one month supply:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** Anaprox is a nonselective, non-steroidal anti-inflammatory medication, which has some indication for chronic shoulder pain. When noting the injured employee's diagnosis and signs/symptoms, there was a clinical indication for the use of this medication as noted in the applicable guidelines. This request for Anaprox is medically necessary.

**Tramadol Extended-Release tablets, one month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** The progress note dated February 6, 2014, mentioned the prescription of both tramadol and Norco on the same date as well as a recommendation of the injured employee for surgery. It is unclear why opioid medications were prescribed at the same time. The Chronic Pain Medical Treatment Guidelines support opiates for the short-term management of moderate to severe pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee had chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for tramadol is not medically necessary.

**Prilosec Capsules, One month supply:** Upheld

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

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

**Decision rationale:** Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There were numerous proton pump inhibitors available over the counter without a prescription. Gastritis has been documented as a diagnosis for this injured worker. Therefore, the use of this medication is medically necessary at this time. The use of this medication, however, is not clearly related to the work injury. The request is not medically necessary.