

<b>Case Number:</b>	CM14-0048275		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/22/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 30 year old male who sustained an industrial injury on 09/22/2012. The mechanism of injury was not provided for review. His diagnoses included right shoulder strain, right shoulder rotator cuff tear, right shoulder impingement, crushing trauma to the right hand, and right carpal tunnel syndrome. He continues to complain of increased right shoulder pain aggravated with overhead activities and on physical exam right shoulder flexion is 165 degrees and external rotation is 70 degrees. The treatment has included medical therapy with Naproxyn, Norco, Ultram ER, Flexeril and Prilosec and right shoulder arthroscopy 11/16/2013. The treating provider has requested Naproxen 550 mg #120, Flexeril 7.5 # 120, Norco 10/325 # 120, Ultram ER 150 # 30, and Prilosec 20 mg # 60 x 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg #120:** Overturned

**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 X California MTUS Guidelines 2009 page 67 Page(s): 67.

**Decision rationale:** The requested medication, Naproxen is medically necessary for the treatment of the claimant's pain condition. Naproxen is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has significant shoulder and hand pain and the medication has proved beneficial for pain control. Medically necessity for the requested item has been established. The requested treatment is medically necessary.

**Flexeril 7.5 mg #120:** 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 X California MTUS 2009 page 64 Page(s): 64.

**Decision rationale:** Per the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. The documentation indicates there are no palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. Per the CA MTUS Guidelines muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxants medication has not been established. The requested treatment is not medically necessary.

**Norco 10/325 mg #120:** 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 X California MTUS Guidelines 2009, pages 91-97( pdf format) Page(s): 91-97.

**Decision rationale:** The documentation indicates the patient has been treated with opioid therapy with Norco for pain control. Per the California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of

short acting opioid medications. Medical necessity for Norco 10/325 mg has not been established. The requested treatment is not medically necessary.

**Ultram ER 150 mg #30:** 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 X California MTUS 2009 page 93, 94-96 Page(s): 93, 94-96.

**Decision rationale:** The review of the medical documentation indicates that the requested medication, Ultram ER 150 mg is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. In addition, the documentation provided is lacking of the California MTUS opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated urine drug screen, updated efficacy, and an updated signed patient contract between the provider and the claimant. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. The medical necessity for the requested item is not established. The requested treatment is not medically necessary.

**Prilosec 20 mg #60 with 1 refill:** 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 X California MTUS 2009 page 68 Page(s): 68.

**Decision rationale:** Per the California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented gastrointestinal (GI) distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include, patients age greater than 65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available

information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.