

<b>Case Number:</b>	CM14-0092722		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/18/2006
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 a 48-year-old female who has submitted a claim for s/p left shoulder arthroscopy and subacromial decompression, s/p revision of left shoulder arthroscopy with subacromial depression, trapezial, paracervical, and parascapular strain, and cervical segmental dysfunction associated with an industrial injury date of 2/18/2006. Medical records from 1/6/2014 up to 6/25/2014 were reviewed showing ongoing pain in her left neck extending down into her shoulder. The pain is mostly localized to the left neck and upper back. Pain is described as frequent but moderate. The pain occasionally goes under the armpit towards the medial elbow. She also has shoulder pain when lifting her arm in flexion, abduction, horizontal abduction, and adduction. Physical examination revealed improved cervical ROM with pain at end ranges. She had moderate tenderness at the base of the neck on the left. She had moderate to severe spasms and tenderness over the left trapezius muscle. Cervical compression test and shoulder depression tests were positive on the left. Left shoulder has limited ROMs. There was tenderness over the superior and posterior portion of the shoulder. Impingement sign was positive. Treatment to date has included tramadol 150mg, pantoprazole 20mg, Naproxen 550mg, cyclobenzaprine, chiropractic care, physical therapy, HEP, and multiple surgeries. Utilization review from 6/10/14 denied the request for Pantoprazole 20MG #90, Naproxen 550MG #90, and modified the request for Tramadol ER 150mg #30 to #15. Regarding pantoprazole, the patient is not over 65 years old and there is no evidence that the patient is at significantly increased risk for the noted guideline-associated gastrointestinal events. Regarding Naproxen, guideline criteria have not been met. Regarding tramadol, guideline criteria have partially been met. It has not been adequately documented to support medical necessity at this time. Modify this request to #15 to initiate weaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pantoprazole 20MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gastrointestinal Events Page(s): 68.

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

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, "clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors." In this case, the patient has been using pantoprazole since at least 2/9/2012. The patient is not greater than 65 years of age. She does not complain of any gastrointestinal symptoms. She does not fit the criteria for prophylactic use of this medication. Therefore the request for Pantoprazole 20MG #90 is not medically necessary.

### **Naproxen 550MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs

**Decision rationale:** According to page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function." In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been taking Naproxen since at least 4/18/13. NSAIDs are not recommended for long-term use and chronic pain. As noted on progress reports dated 1/2014-5/14, the patient has had no significant improvement in her pain level. She continues to have pain with no evidence of functional improvement. Therefore the request for Naproxen 550MG #90 is not medically necessary.

### **Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Review and Documentation Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

**Decision rationale:** According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the patient has been taking tramadol since at least 4/18/13. There was no evidence of improvement in pain level or functioning. In addition, UDS done on 5/8/14 reported that tramadol was not detected which is not consistent with prescribed medications. The patient may not be compliant with his medications. Moreover, a metabolite of cocaine was also reported implying aberrant behavior. Therefore, the request for Tramadol ER 150mg #30 is not medically necessary.