

<b>Case Number:</b>	CM14-0149528		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Emergency 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 injured worker is a 57 year-old male, who sustained an injury on June 15, 2010. The mechanism of injury occurred due to cumulative trauma to the right shoulder. Diagnostics have included: X-rays; MRI of right shoulder revealed degenerative changes in the AC joint and supraspinatus. Treatments have included: Physical therapy; chiropractic care; medications. The current diagnoses are: Status-post right shoulder surgery in 2011; sprain/strain. The stated purpose of the request for Omeprazole 20 mg was to provide relief of the injured worker's condition. The request for Omeprazole 20 mg was denied on August 26, 2014, citing the rationale that there was no evidence of confounding medical issues or GI issues that would necessitate the use of this medication. The stated purpose of the request for Cyclobenzaprine 7.5 mg was to provide relief of the injured worker's condition. The request for Cyclobenzaprine 7.5 mg was denied on August 26, 2014, citing the rationale that muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The stated purpose of the request for Tramadol 50 mg was to provide relief of the injured worker's condition. The request for Tramadol 50 mg was denied on August 26, 2014, citing the rationale that this medication is not recommended as a first-line oral analgesic and that there was no indication or need for a central opioid with review of records. The stated purpose of the request for Keto cream 120 gm was to provide relief of the injured worker's condition. The request for Keto cream 120 gm was denied on August 26, 2014, citing the rationale that there was no documentation of confounding medical issue or GI issue that would preclude the use of oral medications. The stated purpose of the request for solar care heating pad was to provide relief of the injured worker's condition. The request for solar care heating pad was denied on August 26, 2014, citing the rationale that it was unclear what modalities the injured worker had previously used. The stated purpose of the request for Interferential unit was to provide relief of the injured worker's condition. The request

for Interferential unit was denied on August 26, 2014, citing the rationale that there is a clear lack of clinical efficacy via controlled clinical trials that would show improved clinical outcomes with this type of DME. Per the report dated August 7, 2014, the treating physician noted that the injured worker had a history of cumulative trauma. Objective findings included positive impingement signs and limited range of motion of the bilateral shoulders.

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

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

#### **Omeprazole 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, NSAIDs, GI symptoms, and cardiovascular risk, page # 68 recommend 20 mg omeprazole daily for example for individuals at intermediate risk for gastrointestinal events. The injured worker has bilateral shoulder pain. The treating physician has documented limited range of motion, positive impingement signs, and a history of cumulative trauma. The treating physician has not documented GI distress symptoms or GI risk factors. The criteria noted above not having been met, Omeprazole 20 mg is not medically necessary.

#### **Cyclobenzaprine 7.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, muscle relaxants, page # 63 recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. The guidelines note that there is no additional benefit shown in combination with NSAIDs. The injured worker has bilateral shoulder pain. The treating physician has documented limited range of motion and positive impingement signs of the shoulders. The treating physician has prescribed Naproxen. The treating physician has not documented failed first-line treatment options or functional improvement from any previous use. There is also insufficient documentation to indicate the concurrent authorization of a muscle relaxant and NSAID per the above cited guidelines. The criteria noted above not having been met, Cyclobenzaprine 7.5 mg is not medically necessary.

#### **Tramadol 50mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines tramadol Page(s): 119.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Tramadol page # 119 notes that this medication is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker has bilateral shoulder pain and a history of cumulative trauma. The treating physician has documented limited range of motion and positive provocative signs. The treating physician has not documented failed first-line analgesics or functional improvement from any previous use. The criteria noted above not having been met, Tramadol 50 mg is not medically necessary.

**Keto cream 120mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, topical analgesics, page # 111 note that topical analgesics are largely experimental and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker has bilateral shoulder pain. The treating physician has documented positive provocative maneuvers on exam. The treating physician has not documented failed first-line therapy or documentation of the injured worker's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Keto cream 120 gm is not medically necessary.

**Solar care heating pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nadler-Spine, 2002

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, low back chapter, cold/heat packs

**Decision rationale:** ODG Guidelines, low back chapter, cold/heat packs, recommend this treatment as an option for acute pain. The injured worker has bilateral shoulder pain and a history of cumulative trauma. The treating physician has documented limited range of motion. However, the injured worker's condition is chronic in nature, whereas the guidelines only recommend this treatment for acute pain. The treating physician has not documented functional

improvement from any previous use. The criteria noted above not having been met, Solar care heating pad is not medically necessary.

**Interferential unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, interferential current stimulation, page # 118 note that this treatment is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The injured worker has chronic pain. The treating physician has documented limited range of motion and positive impingement signs. The treating physician has not documented failed trials of a standard TENS unit, improvement with interferential stimulation under the supervision of a licensed physical therapist, or documentation contraindicating other guideline supported treatment for the injured worker's condition. The criteria noted above not having been met, Interferential unit is not medically necessary.