

Case Number:	CM14-0199353		
Date Assigned:	12/09/2014	Date of Injury:	02/15/2013
Decision Date:	01/26/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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:

This is a 39 year old male patient who sustained a work related injury on 2/15/13 Patient sustained the injury when he was trimming a shrub and slipped off ladder, falling to the ground on his left side and left shoulder. The current diagnoses include postsurgical states, sprain rotator cuff and lumbago. Per the doctor's note dated 10/15/2014, patient has complaints of left shoulder pain 6/10 in pain. Physical examination revealed tenderness of the left shoulder diffusely and range of motion was limited, lumbar range of motion (ROM) decreased and straight leg raising (SLR) positive and muscle spasm. The current medication lists include Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. The patient has had EMG of the upper extremity on 1/7/14 that was normal; X-ray of the left shoulder and low back on 10/7/14 that revealed degenerative changes; MRI of the left shoulder on 3/11/13 that revealed supraspinatus tendinosis. The patient's surgical history include left shoulder arthroscopic subacromial decompression, left shoulder arthroscopic debridement of partial-thickness rotator cuff tear, superior labrum anterior posterior (SLAP) lesion repair on 3/10/14 and injection of Depomedrol and Marcaine into subacromial space. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: 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 Central acting analgesics; Opioids for neuropathic pain Page(s): 75; 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Patient sustained the injury when he was trimming a shrub and slipped off ladder, falling to the ground on his left side and left shoulder. Per the doctor's note dated 10/15/2014, patient has complaints of left shoulder pain 6/10 in pain Physical examination revealed tenderness of the left shoulder diffusely and range of motion was limited, lumbar range of motion (ROM) decreased and straight leg raising (SLR) positive and muscle spasm The patient has had X-ray of the left shoulder and low back on 10/7/14 that revealed degenerative changes; MRI of the left shoulder on 3/11/13 that revealed supraspinatus tendinosis The patient's surgical history include left shoulder arthroscopic subacromial decompression, left shoulder arthroscopic debridement of partial-thickness rotator cuff tear, superior labrum anterior posterior (SLAP) lesion repair on 3/10/14 and injection of Depomedrol and Marcaine into subacromial space Patient is already taking a NSIAD and a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol ER 150mg, #60 dispensed 8/28/14 is deemed as medically appropriate and necessary.

Naproxen 550mg #45: 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 Anti-inflammatory medications Page(s): 22.

Decision rationale: Naproxen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Naproxen for this injury. Falling to the ground on his left side and left shoulder. Per the doctor's note dated 10/15/2014, patient has complaints of left shoulder pain 6/10 in pain Physical examination revealed tenderness of the left shoulder diffusely and range of motion was limited, lumbar range of

motion (ROM) decreased and straight leg raising (SLR) positive and muscle spasm. The patient has had X-ray of the left shoulder and low back on 10/7/14 that revealed degenerative changes; MRI of the left shoulder on 3/11/13 that revealed supraspinatus tendinosis. The patient's surgical history includes left shoulder arthroscopic subacromial decompression, left shoulder arthroscopic debridement of partial-thickness rotator cuff tear, superior labrum anterior posterior (SLAP) lesion repair on 3/10/14 and injection of Depomedrol and Marcaine into subacromial space. NSAIDs like naproxen are first line treatments to reduce pain. Naproxen 550mg #45 use is deemed medically appropriate and necessary in this patient.

Pantoprazole 20mg #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Pantoprazole 20mg #60 is not fully established in this patient.

Cyclobenzaprine 7.5mg #60: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients ..." The current diagnoses include postsurgical states, sprain rotator cuff and lumbago. Per the doctor's note dated 10/15/2014, patient has complaints of left shoulder pain 6/10 in pain. Physical examination revealed tenderness of the left shoulder diffusely and range of motion was limited, lumbar range

of motion (ROM) decreased and straight leg raising (SLR) positive and muscle spasm. The patient's surgical history includes left shoulder arthroscopic subacromial decompression, left shoulder arthroscopic debridement of partial-thickness rotator cuff tear, superior labrum anterior posterior (SLAP) lesion repair on 3/10/14. The patient has evidence of muscle spasms. Therefore, the request for Cyclobenzaprine 7.5mg #60 is medically necessary and appropriate for prn use during exacerbations.