

<b>Case Number:</b>	CM14-0200264		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/30/2007
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 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 72 year old male claimant who sustained a work injury on 10/30/07 involving the right shoulder. He underwent a right rotator cuff repair in 2007 and developed chronic arthropathy and degenerative joint disease. A progress note on 8/7/14 indicated the claimant had a positive Hawkin's and Neer signs consistent with impingement findings of the right shoulder. An MRI of the right shoulder was requested along with providing Tramadol and Anaprox for pain relief. The claimant had received some benefit from physical therapy. A progress note on 9/17/14 indicated the claimant had 7/10 right shoulder pain. Tramadol ER reduced the pain 4 points and NSAIDs reduced the pain by 2-3 points. The claimant had used Cyclobenzaprine which helped with spasms for a few hours. Physical therapy along with a TENS unit were continued. The physician requested continuing Naproxen, Pantoprazole for GI irritation, Tramadol 105 BID, Hydrocodone and Cyclobenzaprine. On 10/29/14 the claimant had 4-6/10 pain. Exam findings were notable for mild impingement and reduction in range of motion. The physician requested continuing Naproxen, Pantoprazole for GI irritation, Tramadol 105 BID, Hydrocodone and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months along with another opioid- Tramadol. The pain response to Hydrocodone is unknown. The continued use of Hydrocodone is not medically necessary.

**Naproxen Sodium 20 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Specific Drug List.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** NSAIDs are recommended at the lowest dose possible for moderate to severe related to arthritis. There is no recommendation or evidence to suggest this drug is superior to another class. The claimant had been on Naproxen along with opioids and muscle relaxants for several months. The claimant did not have arthritis. There is insufficient evidence for the use of Naproxen in shoulder impingement. This is the claimant required a proton pump inhibitor to be taken with the Naproxen. The continued use of the Naproxen is not medically necessary.

**Pantoprazole 20 mg, ninety count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.

**Tramadol ER 150 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacology and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice for pain, the claimant's shoulder pain persisted over time while on the medication. He had been on the maximum dose along with Hydrocodone and Naproxen. There is no evidence that one opioid is superior to another. The continued use of Tramadol ER as above is not medically necessary.