

Case Number:	CM14-0207888		
Date Assigned:	12/19/2014	Date of Injury:	06/10/2013
Decision Date:	03/02/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, District of Columbia
Certification(s)/Specialty: Internal Medicine

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 employee sustained an industrial injury on 06/10/13. The request was for Naproxen 550mg #120, Ultram ER 150mg #60 and Prilosec 20mg #60. The progress note from 10/03/14 was reviewed. Subjective complaints included right shoulder pain and stiffness. She reported improvement with physical therapy. Examination findings included tenderness of the right glenohumeral joint and positive right sided impingement sign. There was slight limitation of range of motion. Diagnoses included right shoulder sprain/strain status post injection and arthroscopy as well as lumbar spine disc bulges. She also had lumbar spine pain which had failed to improve with oral anti-inflammatories, pain medications and physical therapy. Her medications included Anaprox, Prilosec and Ultram ER. The medications were reportedly helpful in providing pain relief and have been of benefit. She was not working. Her urine drug screen from November 2014 was consistent with Tramadol prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68.

Decision rationale: The employee sustained an industrial injury on 06/10/13. The request was for Naproxen 550mg #120, Ultram ER 150mg #60 and Prilosec 20mg #60. The progress note from 10/03/14 was reviewed. Subjective complaints included right shoulder pain and stiffness. She reported improvement with physical therapy. Examination findings included tenderness of the right glenohumeral joint and positive right sided impingement sign. There was slight limitation of range of motion. Diagnoses included right shoulder sprain/strain status post injection and arthroscopy as well as lumbar spine disc bulges. She also had lumbar spine pain which had failed to improve with oral anti-inflammatories, pain medications and physical therapy. Her medications included Anaprox, Prilosec and Ultram ER. The medications were reportedly helpful in providing pain relief and have been of benefit. She was not working. Her urine drug screen from November 2014 was consistent with Tramadol prescription. According to the chronic pain guidelines, NSAIDs are indicated as an option for short term symptomatic relief. She had been on NSAIDs for long term and had pain relief with medications. She was awaiting further interventions and had ongoing pain in shoulder and low back despite arthroscopy and injection. Given the need for failure of most conservative measures and improvement of pain with the medication and the lack of side effects, the request for Naproxen is medically necessary and appropriate.

Ultram ER 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, ongoing management Page(s): 78.

Decision rationale: The employee sustained an industrial injury on 06/10/13. The request was for Naproxen 550mg #120, Ultram ER 150mg #60 and Prilosec 20mg #60. The progress note from 10/03/14 was reviewed. Subjective complaints included right shoulder pain and stiffness. She reported improvement with physical therapy. Examination findings included tenderness of the right glenohumeral joint and positive right sided impingement sign. There was slight limitation of range of motion. Diagnoses included right shoulder sprain/strain status post injection and arthroscopy as well as lumbar spine disc bulges. She also had lumbar spine pain which had failed to improve with oral anti-inflammatories, pain medications and physical therapy. Her medications included Anaprox, Prilosec and Ultram ER. The medications were reportedly helpful in providing pain relief and have been of benefit. She was not working. Her urine drug screen from November 2014 was consistent with Tramadol prescription. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for shoulder pain and lumbar pain with Ultram ER. There was documented improvement of pain with medication use and the recent urine drug screen was consistent with medication use. She

was undergoing other conservative measures including physical therapy. Even though there is no clear documentation of functional improvement, she at least meets two of the criteria for ongoing safe use of Opioids. Hence, the ongoing use of Ultram ER is medically necessary and appropriate.

Prilosec 20mg #60 with 1 refill: Upheld

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

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

Decision rationale: The employee sustained an industrial injury on 06/10/13. The request was for Naproxen 550mg #120, Ultram ER 150mg #60 and Prilosec 20mg #60. The progress note from 10/03/14 was reviewed. Subjective complaints included right shoulder pain and stiffness. She reported improvement with physical therapy. Examination findings included tenderness of the right glenohumeral joint and positive right sided impingement sign. There was slight limitation of range of motion. Diagnoses included right shoulder sprain/strain status post injection and arthroscopy as well as lumbar spine disc bulges. She also had lumbar spine pain which had failed to improve with oral anti-inflammatories, pain medications and physical therapy. Her medications included Anaprox, Prilosec and Ultram ER. The medications were reportedly helpful in providing pain relief and have been of benefit. She was not working. Her urine drug screen from November 2014 was consistent with Tramadol prescription. According to the chronic pain guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. The limited information given in this case suggests that the employee was probably being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. In addition there was no documentation that she is on multiple NSAIDs in conjunction with corticosteroids or anticoagulants and she is also younger than 65 years of age without any documented cardiovascular history. The request for Prilosec is not medically necessary and appropriate.