

Case Number:	CM15-0005661		
Date Assigned:	01/26/2015	Date of Injury:	05/18/2011
Decision Date:	04/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 injured worker is a 44 year old male, who sustained an industrial injury on May 18, 2011. His diagnoses include gastrointestinal reflux disease and status post left shoulder arthroscopic subacromial decompression and debridement of partial-thickness rotator cuff tear and partial distal claviclectomy on June 2, 2014. He has been treated with pain, non-steroidal anti-inflammatory medication, muscle relaxant, and proton pump inhibitor medications, and postsurgical physical therapy for the left shoulder. On July 18, 2014, the primary treating physician noted a history of gastrointestinal upset with non-steroidal anti-inflammatory drug with no proton pump inhibitor, proton pump inhibitor at daily dosing, and proton pump inhibitor at twice a day dosing, however no gastrointestinal upset with pantoprazole at three times a day dosing. On November 5, 2014, the injured worker complains of left shoulder pain and deconditioning. His pain level was 6/10. The physical exam revealed left shoulder tenderness, limited range of motion with pain, and neurologically unchanged. On December 4, 2014 IMR application was received, the injured worker submitted an application for IMR for review of requested Retrospective Prescription of Tramadol 150mg, #60 (DOS: 11/5/14), Retrospective Prescription of Naproxen 550g, #90 (DOS: 11/5/14), Retrospective Prescription of Pantoprazole 20 mg, #90 (DOS: 11/5/14), and Cyclobenzaprine 10 mg, #90 (DOS: 11/5/14). Utilization Review non-certified the request for Tramadol and Cyclobenzaprine based on the lack of evidence of any measurable functional improvement or a return to work specifically attributable to the use of opioid medications and Cyclobenzaprine. The non-certified the request for Naproxen based on lack of documentation establishing the medical rationale for a prescription

strength non-steroidal anti-inflammatory, after recently being advised to take over-the-counter ibuprofen. The non-certified the request for Pantoprazole based on lack of objective evidence whether or not the injured worker has gastrointestinal upset with over-the-counter ibuprofen. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, ACOEM (American College of Occupational and Environmental Medicine), and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol 150mg #60, DOS: 11/5/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, specific drug list Page(s): 76-80, 93-94.

Decision rationale: According to the documentation provided the IW has been on tramadol at least since surgery. There is no documentation of previous stronger opioid use except in the justification when it states that the IW was able to wean off them. The reports of pain control are the same in each note and it is not possible to determine if the statements are accurate and that the IW is receiving benefit from the medication. This request is not medically necessary and appropriate at this time.

Retro Naproxen 550mg #90, DOS: 11/5/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the MTUS and ODG guidelines, NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. According to the progress notes provided, the IW was started on naproxen 550mg three times a day in December 2014 for shoulder pain. This request is not medically necessary and appropriate at this time.

Retro Pantoprazole 20mg #90, DOS: 11/5/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PPIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines, it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. Progress notes state that the IW was started on pantoprazole for GI upset with NSAID use and titrated up to three times a day dosing to achieve relief of symptoms. Pantoprazole is FDA approved for treatment of erosive esophagitis and hypersecretory conditions neither of which is present in the IW. This request is not medically necessary and appropriate.

Retro Cyclobenzaprine 7.5mg #90, DOS: 11/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-34.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They are also used to decrease muscle spasm in conditions such as LBP, there is notation the IW had lumbar paraspinal muscle spasm. MTUS recommends a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The documentation provided shows that the IW has been on the cyclobenzaprine for at least six months. This request is not medically necessary and appropriate at this time.