

Case Number:	CM15-0106003		
Date Assigned:	06/10/2015	Date of Injury:	11/13/2013
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male who sustained an industrial injury on 11/13/2013. Mechanism of injury was a fall from a bumper of truck striking his chin and falling hard to the pavement. He had severe pain in his right arm, his left side, his back, neck, right shoulder and wrist and hand pains. Diagnoses include cervical spine musculoligamentous sprain/strain, right upper extremity radiculitis, mild stenosis, Magnetic Resonance Imaging scan dated 03/26/2015 revealing at C5-C6, and C6-C7 degenerative disc disease, thoracic spine and lumbar spine sprain/strain with Magnetic Resonance Imaging scan dated 03/26/2015 revealing at L4-L5 and L5-S1 a 3mm disc protrusion, bilateral shoulder sprain/impingement with Magnetic Resonance Imaging scan dated 03/26/2015 revealing right shoulder large possible labral tear and probable anterior labral, bilateral wrist contusion/sprain and status post right wrist fracture. Treatment to date has included diagnostic studies, medications, injections, physical therapy, and a home exercise program. A physician progress note dated 05/12/2015 documents the injured worker complains of pain and stiffness with decreased range of motion in the right shoulder. He has had a previous injection with good results. He is requesting another injection and if no significant benefit then consider surgery. He continues to have pain in his cervical, thoracic and lumbar spine, along with pain in his left shoulder, and bilateral wrists. His right shoulder reveals tenderness to palpation over the subacromial region, acromioclavicular joint and supraspinatus tendon. Impingement test, Cross Arm, and Apprehension test are positive. There is decreased range of motion in all planes. The treatment plan includes left shoulder diagnostic ultrasound study, pending authorization for a psychiatric, internal medicine, and ENT consultations, and

pending authorization for a right shoulder ultrasound guided injection and follow up visit. Treatment requested is for Anaprox DS 550mg #60, Prilosec 20mg #30, and Ultram ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 12, 13, 83 and 113 of 127.

Decision rationale: This claimant was injured about 1.5 years ago. The claimant fell and hit the chin. There is pain and stiffness in the right shoulder. Multiple consults are planned. This is a request for tramadol many months post injury. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not certified. Therefore, the requested treatment is not medically necessary.

Anaprox DS 550mg #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: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured about 1.5 years ago. The claimant fell and hit the chin. There is pain and stiffness in the right shoulder. Multiple consults are planned. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately non-certified. Therefore, the requested treatment is not medically necessary.

Prilosec 20mg #30: 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: This claimant was injured about 1.5 years ago. The claimant fell and hit the chin. There is pain and stiffness in the right shoulder. Multiple consults are planned. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review. Therefore, the requested treatment is not medically necessary.