

<b>Case Number:</b>	CM15-0018425		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	01/29/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on January 29, 2012. The diagnoses have included bilateral shoulder impingement syndrome and rotator cuff tear, bilateral elbow sprain/strain - rule out lateral epicondylitis, status post bilateral carpal tunnel release in 2013, bilateral wrist sprain/strain - rule out internal derangement, bilateral knee sprain/strain - rule out internal derangement, cervical disc herniation, and lumbar disc herniation. Treatment to date has included MRIs, urine drug testing, physical therapy, chiropractic therapy, and medications. On December 29, 2014, the treating physician noted right shoulder pain, which is rated 5-6/10 on the VAS (visual analogue scale). The injured worker also has cervical spine pain, bilateral hand/wrists are weak, and she has bilateral knee pain. The physical exam revealed moderately decreased range of motion of the right shoulder with positive impingement sign, tenderness over the greater tuberosity, subacromial clicking and grinding, and tenderness over the rotator cuff muscles. The treatment plan included pain, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On January 30, 2015, the injured worker submitted an application for IMR for review of requests for 60 tablets of Prilosec 20mg, 120 tablets of Naproxen 550mg, 120 tablets of Norco 10/325mg, and 60 tablets of Ultram 150mg. The Prilosec was non-certified based on lack of documentation of the patient being at risk for gastrointestinal events. The Naproxen was non-certified based on lack of documentation of the duration of non-steroidal anti-inflammatory medication use. The Norco and Ultram were modified based on the lack of documentation of the patient's pain with and without medication, objective functional improvement, the occurrence or nonoccurrence of side effects, the

occurrence or nonoccurrence of any potentially aberrant (or nonadherent) drug related behaviors. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Prilosec 20mg #60: Upheld**

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

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

**Decision rationale:** Based on the 12/29/14 progress report provided by treating physician, the patient complains of right shoulder, cervical spine, and bilateral knee pain rated 5-6/10, and bilateral hand/wrist weakness. The request is for PRILOSEC 20MG #60. The RFA is not provided. Patient's diagnosis per treater report 12/29/14 included bilateral shoulder impingement syndrome and rotator cuff tear, reportedly positive MRI; left shoulder impingement syndrome, reportedly positive MRI; bilateral wrist strain/sprain; left knee strain/sprain and cervical and lumbar disc herniation, reportedly positive MRI on both. The physical examination revealed moderately decreased range of motion of the right shoulder with positive impingement sign, tenderness over the greater tuberosity, subacromial clicking and grinding, and tenderness over the rotator cuff muscles. Patient's medications include Prilosec, Naproxen, Norco and Ultram. Urine drug screen was done on 12/29/14. The patient is temporarily totally disabled. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater has not provided reason for the request. In this case, a prescription for Prilosec is first noted in progress report dated 12/29/14, along with Naproxen. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Review of medical records do not show evidence of gastric problems, and there is no mention of GI issues to support use of Prilosec. Given lack of documentation as required my guidelines, the request IS NOT medically necessary.

#### **Naproxen 550mg #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** Based on the 12/29/14 progress report provided by treating physician, the patient complains of right shoulder, cervical spine, and bilateral knee pain rated 5-6/10, and bilateral hand/wrist weakness. The request is for NAPROXEN 550MG #120. The RFA is not provided. Patient's diagnosis per treater report 12/29/14 included bilateral shoulder impingement syndrome and rotator cuff tear, reportedly positive MRI; left shoulder impingement syndrome, reportedly positive MRI; bilateral wrist strain/sprain; left knee strain/sprain and cervical and lumbar disc herniation, reportedly positive MRI on both. The physical examination revealed moderately decreased range of motion of the right shoulder with positive impingement sign, tenderness over the greater tuberosity, subacromial clicking and grinding, and tenderness over the rotator cuff muscles. Patient's medications include Prilosec, Naproxen, Norco and Ultram. Urine drug screen was done on 12/29/14. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. In this case, a prescription for Naproxen is first noted in progress report dated 12/29/14. It appears that this patient is starting use of Naproxen with this prescription as prior reports do not show that Naproxen is prescribed. In this case, a trial of Naproxen would be reasonable. Therefore, the request IS medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

**Decision rationale:** Based on the 12/29/14 progress report provided by treating physician, the patient complains of right shoulder, cervical spine, and bilateral knee pain rated 5-6/10, and bilateral hand/wrist weakness. The request is for NORCO 10/325MG #120. The RFA is not provided. Patient's diagnosis per treater report 12/29/14 included bilateral shoulder impingement syndrome and rotator cuff tear, reportedly positive MRI; left shoulder impingement syndrome, reportedly positive MRI; bilateral wrist strain/sprain; left knee strain/sprain and cervical and lumbar disc herniation, reportedly positive MRI on both. The physical examination revealed moderately decreased range of motion of the right shoulder with positive impingement sign, tenderness over the greater tuberosity, subacromial clicking and grinding, and tenderness over the rotator cuff muscles. Patient's medications include Prilosec, Naproxen, Norco and Ultram. Urine drug screen was done on 12/29/14. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 state: Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco was first mentioned in treater report dated 11/17/14. Treater states, "We will refill the prescription for Norco for moderate pain." Treater has not stated how Norco reduces pain and significantly

improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. Urine drug screen was done on 12/29/14, however results were not discussed. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Ultram 150mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 113.

**Decision rationale:** Based on the 12/29/14 progress report provided by treating physician, the patient complains of right shoulder, cervical spine, and bilateral knee pain rated 5-6/10, and bilateral hand/wrist weakness. The request is for ULTRAM 150MG #60. The RFA with the request not provided. Patient's diagnosis per treater report 12/29/14 included bilateral shoulder impingement syndrome and rotator cuff tear, reportedly positive MRI; left shoulder impingement syndrome, reportedly positive MRI; bilateral wrist strain/sprain; left knee strain/sprain and cervical and lumbar disc herniation, reportedly positive MRI on both. The physical examination revealed moderately decreased range of motion of the right shoulder with positive impingement sign, tenderness over the greater tuberosity, subacromial clicking and grinding, and tenderness over the rotator cuff muscles. Patient's medications include Prilosec, Naproxen, Norco and Ultram. Urine drug screen was done on 12/29/14. The patient is temporarily totally disabled. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultram was first mentioned in treater report dated 12/29/14. It appears treater is initiating Ultram. Patient has trialed other oral analgesics. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.