

<b>Case Number:</b>	CM15-0182272		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: 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 43 year old female, who sustained an industrial injury on January 3, 2013. Medical records indicate that the injured worker is undergoing treatment for right shoulder pain, chronic cervical sprain-strain, left shoulder tendinosis, partial thickness tear of the right supraspinatus tendon, tendinosis of the proximal tendon right shoulder and a tiny focal tear of the right shoulder. The injured worker was working with restrictions. On (8-25-2015) the injured worker complained of right shoulder pain rated 7 out of 10 on the visual analogue scale. Objective findings include tenderness to palpation anteriorly and laterally of the right shoulder and a decreased range of motion. A Neer's sign, Hawkin's-Kennedy sign and cross arm sign were positive. A progress notes dated 7-13-15 indicates the injured workers pain level was 8 out of 10 and a progress note dated 4-23-15 indicates her pain level was 6 out of 10. Treatment and evaluation to date has included medications, physical therapy, steroid injections of the right shoulder and a right shoulder arthroscopy on 7-23-2014. Current medications include Tramadol (since at least March of 2015), Ibuprofen (since at least March of 2015) and Omeprazole (since at least July of 2015). The injured worker noted that the medications reduce her pain by 25%. She also noted there are times when the medications are less effective. Functional improvement was not addressed. Current treatment requests include an MRI Arthrogram of the right shoulder, Tramadol 50 mg # 30 with 1 refill, Ibuprofen 800 mg # 60 with 1 refill and Omeprazole 20 mg # 30 with 1 refill. The Utilization Review documentation dated 9-4-2015 non-certified the requests for an MRI Arthrogram of the right shoulder, Tramadol 50 mg # 30 with 1 refill, Ibuprofen 800 mg # 60 with 1 refill and Omeprazole 20 mg # 30 with 1 refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI Arthrogram of the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The injured worker complains of right shoulder pain and has undergone arthroscopic shoulder surgery and post-operative Physical Therapy with no significant improvement in pain or function. Chart documentation fails to show any red flags or unexplained physical findings on examination that would warrant additional imaging. The request for MRI Arthrogram of the right shoulder is not medically necessary by MTUS.

### **Tramadol 50mg #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complains of ongoing right shoulder pain. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Tramadol 50mg #30 with 1 refill is not medically necessary.

### **Ibuprofen 800mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant objective improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Ibuprofen 800mg #60 with 1 refill is not medically necessary.

**Omeprazole 20mg #30 with 1 refill:** 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 Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole 20mg #30 with 1 refill is not medically necessary per guidelines.