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| Case Number: | CM15-0206335 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 04/12/2014 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48-year-old male who sustained an industrial injury on 4/12/14. Injury occurred when he was standing on an aluminum step stool that broke into pieces and he fell onto his back and right shoulder. He underwent right shoulder arthroscopy with debridement, rotator cuff repair, and Mumford procedure on 2/24/15. The 7/14/15 right shoulder MR arthrogram impression documented a complex high-grade partial thickness tear with focal full thickness tear of the supraspinatus/infraspinatus tendons and subacromial bursitis. The 9/30/15 treating physician report cited on-going neck and right shoulder pain, and low back pain that radiated into the anterior right thigh. Functional difficulty was noted in activities of daily living. Pain was reported 5/10 with medications and 8-9/10 without medications. Current medications included hydrocodone 1 to 2 tablets a day, Tramadol (since at least 6/15), and Anaprox. Right shoulder exam documented palpable tenderness over the AC joint and anterior shoulder, decreased upper extremity sensation, painful and restricted range of motion, positive impingement and cross arm tests, and 4/5 external rotation strength. Lumbar spine exam documented a mildly antalgic gait, sacroiliac joint tenderness, facet joint tenderness, decreased right S1 sensation, painful and restricted range of motion, positive straight leg raise, positive sacroiliac joint provocative testing, and normal strength and reflexes. The treatment plan documented prescription of Norco for severe pain, tramadol for mild to moderate pain, and Prilosec for dyspepsia. Authorization was requested for right shoulder arthroscopy with revision acromioplasty and rotator cuff repair, shoulder sling, pre-op medical clearance, assistant surgeon, Norco 5/325 mg #60, Prilosec 20 mg #60, and Tramadol 50 mg #60. The requests for right shoulder arthroscopy with revision

acromioplasty and rotator cuff repair, shoulder sling, pre-op medical clearance, assistant surgeon, and Norco 5/325 mg #60 were certified. The 10/20/15 utilization review non-certified the request for Prilosec 20 mg #60 as the etiology of the injured worker's stomach complaints had not been established. The request for Tramadol 50 mg #60 was non-certified as the use of Tramadol in addition to Norco which had been certified was not well-supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. Records indicate that the injured worker has been using ibuprofen Anaprox on a regular basis since at least June 2015 with a reported onset of dyspepsia. Therefore, this request is medically necessary.

Tramadol 50mg #60: Overturned

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, criteria for use, Opioids, specific drug list.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have been met for the current use of this medication. The injured worker presents with severe right shoulder, neck, and low back pain that reduces from 8-9/10 to 5/10 with his current medication regime. Medications have included a combination of Norco and tramadol since at least June 2015. Given the pending certified surgery and significant pain relief documented with medications, the short term continuation of Tramadol is consistent with guidelines. Therefore, this request is medically necessary.