

<b>Case Number:</b>	CM15-0214631		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: 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 40 year old male who sustained an industrial injury on 7-1-14. He is working full time. Medical records indicate that the injured worker has been treated for calcific tendinitis of the left shoulder; spondylosis with radiculopathy of the cervical region; impingement syndrome of the left shoulder; cervical spondylosis without myelopathy; rotator cuff sprain-strain; adhesive capsulitis of shoulder; affection shoulder region. Diagnoses of osteoarthritis, acute or chronic back pain or neuropathic pain were not present. He currently (10-1-15) reports that he was doing well until a few weeks ago when he noticed an increase in neck pain and swelling of the trapezius as well as numbness and tingling into the 3rd, 4th and 5th fingers, decrease in range of motion. The physical exam of the neck revealed tenderness to palpation of the paraspinal and trapezius muscles, limited range of motion due to pain; left shoulder ranges of motion were painful and stiff endpoints throughout. An MRI of the left shoulder (10-1-15) showed calcific tendinitis. Treatments to date include status post left arthroscopic shoulder surgery (2-24-15); left shoulder injection (10-1-15); chiropractic therapy with benefit; physical therapy; home exercise program. Per the 4-28-15 note, the injured worker is not taking any medication. In the 10-1-15 progress note the treating provider dispensed Anaprox and Ultram. The request for authorization dated 10-1-15 was for Ultram 50mg #60; Anaprox 550mg #120 with food. On 10-23-15 Utilization Review non-certified the requests for Ultram 50mg #60; Anaprox 550mg #120 with food.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro Ultram 50mg 1-2 PO BID #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 for chronic pain.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there was evidence of an acute exacerbation of pain and decrease in function. The request for Retro Ultram 50mg 1-2 PO BID #60 is medically necessary.

### **Retro Anaprox 550mg 1 PO BID with food #120:** Overturned

**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:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. In this case, there was evidence of an acute exacerbation of pain and the use of anaprox was supported. The request for retro Anaprox 550mg 1 PO BID with food #120 is medically necessary.