

<b>Case Number:</b>	CM15-0038338		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: 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 35-year-old male, who sustained an industrial injury on 3/5/2014. He reports a box falling from a rack and striking his right shoulder. Diagnoses include right shoulder sprain/strain and cervical trapezius contusion with rotator cuff injury. Treatments to date include 18 sessions of physical therapy, TENS (transcutaneous electrical nerve stimulation), steroid joint injection and medication management. A progress note from the treating provider dated 12/12/2014 indicates the injured worker reported worsening right shoulder pain with a decline in function

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 50 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient has a date of injury of 03/5/14 and presents with right shoulder pain with tenderness, pain with range of motion and positive impingement sign. There was noted atrophy of the right deltoid musculature. The Request for Authorization is dated 02/03/15. The current request is for Tramadol ER 50MG #60. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been prescribed Tramadol since 09/26/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Progress reports provide a current pain level which remains quite high (9/10) even with medications. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

**Ibuprofen 600 MG #60:** Upheld

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

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

**Decision rationale:** This patient has a date of injury of 03/5/14 and presents with right shoulder pain with tenderness, pain with range of motion and positive impingement sign. There was noted atrophy of the right deltoid musculature. The Request for Authorization is dated 02/03/15. The current request is for Ibuprofen 600MG #60. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 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 nonselective non-steroidal anti-inflammatory drugs, " NSAIDs " in chronic LBP and of antidepressants in chronic LBP." The patient has been prescribed Ibuprofen since 09/26/14 with no mention of medication efficacy. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding pain relief or functional changes, recommendation for further use cannot be made. This request is not medically necessary.

**Omeprazole 20 MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

**Decision rationale:** This patient has a date of injury of 03/5/14 and presents with right shoulder pain with tenderness, pain with range of motion and positive impingement sign. There was noted atrophy of the right deltoid musculature. The Request for Authorization is dated 02/03/15. The current request is for Omeprazole 20MG #60. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients for gastrointestinal events including: ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. The patient is utilizing Ibuprofen 600 mg x2 a day on a long term basis and the patient reports that there is no GI upset, "with PPI on board." The patient is able to control his GI symptoms with the use of Omeprazole. The requested medication is in accordance with MTUS guidelines. This request is medically necessary.