

<b>Case Number:</b>	CM15-0080860		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 male, who sustained an industrial injury on January 18, 2012, incurring left shoulder injuries. He was diagnosed with left shoulder impingement syndrome, rotator cuff tear, left shoulder internal derangement and bicipital tendonitis. He underwent a left shoulder arthroscopy, synovectomy, bursectomy, and labrum repair and ligament release. Treatment included physical therapy, pain medications, proton pump inhibitor, muscle relaxants, anti-inflammatory drugs and work restrictions. Currently, the injured worker complained of persistent left shoulder pain aggravated by prolonged standing, lifting and driving. Upon examination, there was noted increased tenderness of the left shoulder with restricted range of motion secondary to pain. The treatment plan that was requested for authorization included prescriptions for Protonix, Tramadol ER and Flexeril and Magnetic Resonance Imaging Arthrogram of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 67-68, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th edition (web), 2015, Shoulder Chapter, MR Arthrogram and Labral Surgery.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation [www.drugs.com/pro/protonix.html](http://www.drugs.com/pro/protonix.html).

**Decision rationale:** The 57-year-old patient presents with pain in left shoulder along with hypertension and diabetes, as per progress report dated 04/07/15. The request is for PROTONIX 20mg # 60. The RFA for the case is dated 04/07/15, and the patient's date of injury is 01/18/12. The patient has been diagnosed with left shoulder impingement syndrome and is status post decompression, modified Mumford procedure, labral repair, and biceps tendon repair in July, 2014, as per progress report dated 04/07/15. Requested medications included Norco, Tramadol, Naproxen and Protonix. The patient is not working, as per the same progress report. Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. of GI issues. Recommendation is for denial. specific request, however FDA indications <http://www.drugs.com/pro/protonix.html>, are present ' PROTONIX- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I. V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis. ' In this case, the use of Protonix is first documented in progress report dated 09/11/14. The medication was prescribed to "treat stomach upset from taking medications. " Progress reports, however, do not document any gastric distress. There is no diagnosis of medication-induced gastritis and the treater does not provide the patient's GI risk assessment as well. Hence, the request IS NOT medically necessary.

**MRI arthrogram of the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 67-68, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th edition (web), 2015, Shoulder Chapter, MR Arthrogram and Labral Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI & MR arthrogram.

**Decision rationale:** The 57-year-old patient presents with pain in left shoulder along with hypertension and diabetes, as per progress report dated 04/07/15. The request is for MRI ARTHROGRAM LEFT SHOULDER. The RFA for the case is dated 04/07/15, and the patient's date of injury is 01/18/12. The patient has been diagnosed with left shoulder impingement syndrome and is status post decompression, modified Mumford procedure, labral repair, and biceps tendon repair in July, 2014, as per progress report dated 04/07/15. Requested medications included Norco, Tramadol, Naproxen and Protonix. The patient is not working, as per the same progress report. ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208 states, Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. ODG guidelines

under the shoulder chapter states that MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. The ODG for MR arthrogram states, 'Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair.' Guidelines also state that "If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." In this case, MRI of the left shoulder, dated 02/28/12 prior to surgery, revealed old injury in the inferior glenoid with multiple subchondral cysts, old injury along the anteroinferior aspect of the glenoid with old fracture, labral tear, partial-thickness tears of supra and infra-spinatus tendons, and mild AC joint arthritis. The request for MR arthrogram is noted in progress report dated 04/07/15 "to discuss if any further surgical treatment is necessary, whether he possibly has a re-tear or has developed frozen shoulder." ODG guidelines support MR arthrogram to "detect labral tears, and for suspected re-tear post-op rotator cuff repair," and to "differentiate between full-thickness and partial-thickness tear." Hence, the request IS medically necessary.

**Tramadol ER 150 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 67-68, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th edition (web), 2015, Shoulder Chapter, MR Arthrogram and Labral Surgery.

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

**Decision rationale:** The 57-year-old patient presents with pain in left shoulder along with hypertension and diabetes, as per progress report dated 04/07/15. The request is for TRAMADOL ER # 30. The RFA for the case is dated 04/07/15, and the patient's date of injury is 01/18/12. The patient has been diagnosed with left shoulder impingement syndrome and is status post decompression, modified Mumford procedure, labral repair, and biceps tendon repair in July, 2014, as per progress report dated 04/07/15. Requested medications included Norco, Tramadol, Naproxen and Protonix. The patient is not working, as per the same progress report. MTUS Guidelines pages 88 and 89 states, 'Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or 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. In this case, prescription for Tramadol is only noted in progress reports dated 03/03/15 and 04/07/15. In progress report dated 04/07/15, the treater states that "most medications were denied other than Norco." Hence, it is not clear if the patient has taken Tramadol before or not. Nonetheless, he but has been taking Norco for several months. The treater, however, does not use a numerical scale to document reduction in pain nor does the treater provide examples that demonstrate improvement in function. No UDS and CURES reports are available for review, and there no documentation of side effects due to Tramadol use. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse reactions, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.

**Flexeril 7.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 67-68, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th edition (web), 2015, Shoulder Chapter, MR Arthrogram and Labral Surgery.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The 57-year-old patient presents with pain in left shoulder along with hypertension and diabetes, as per progress report dated 04/07/15. The request is for FLEXERIL 7.5mg # 60. The RFA for the case is dated 04/07/15, and the patient's date of injury is 01/18/12. The patient has been diagnosed with left shoulder impingement syndrome and is status post decompression, modified Mumford procedure, labral repair, and biceps tendon repair in July, 2014, as per progress report dated 04/07/15. Requested medications included Norco, Tramadol, Naproxen and Protonix. The patient is not working, as per the same progress report. MTUS pg 63-66 states: 'Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. ' In this case, prescription for Flexeril is first noted in progress reports dated 01/30/15. In progress report dated 04/07/15, the treater states that "most medications were denied other than Norco." Hence, it is not clear if the patient has taken Flexeril before or not. Nonetheless, MTUS only recommends short-term use of Flexeril. Hence, the treater's request for # 60 appears excessive and IS NOT medically necessary.