MAXIMUS Federal Services

Case Number:	CM14-0116819		
Date Assigned:	08/06/2014	Date of Injury:	04/11/2012
Decision Date:	10/20/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Injured worker is a female with date of injury 4/11/2012. Per primary treating physician's progress report dated 7/7/2014, the injured worker describes an acute flare-up of her bilateral shoulder pain. She is requesting medication refills. She is having much more difficulty with her ADLs. She rates her pain at 7-8/10 without medicatino and 5-6/10 with medication. On examination there is tenderness in the shoulders, right worse than left. Range of motion is restricted in theright shoulder in flexion 150/180 degrees and abduction 140/180 degrees. Left shoulder range of motin is decreased in flexion 160/180 degrees and abduction 160/180 degrees. She complains of pain on testing above 90 degrees. No impingement signs were present. Diagnoses include 1) status upost right shoulder surgery x2 2) left shoulder sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG 1 TAB PO QAM #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS Page(s): 68, 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section, Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec, are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Prilosec 20mg 1 Tab PO qam #30 is determined to not be medically necessary.

CELEBREX 200MG 1 TAB PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs section, Page(s): 21, 67-71.

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 as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. It may be used in the treatment of acute pain or acute exacerbation of chronic pain. Celebrex may be considered in the patient has a risk of GI complaints, but not for the majority of patients.The injured worker has been treated chronically with NSAIDs. The continued use of NSAIDs is not consistent with the recommendations of the MTUS Guidelines. Medical necessity of this request has not been established. The request for Celebrex 200mg 1 tab po bid #60 is determined to not be medically necessary.

TRAMADOL 50MG 1 TAB PO TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section, Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. Tramadol is not recommended by the MTUS Guidelines as a first line oral analgesic. Tramadol is reported to be effective in managing neuropathic pain.The medical reports provided for review do not explain why tramadol medication is being used for this injured worker's chronic pain. The efficacy of tramadol is not well described with pain reduction and functional improvement. Abherent behavior is also not addressed. Medical necessity has not been established within the recommendations of the MTUS Guidelines.It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however

is not for a weaning treatment, but to maintain treatment. The request for Tramadol 50mg 1 tab po tid #90 is determined to not be medically necessary.