

<b>Case Number:</b>	CM14-0123312		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/28/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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:

This injured worker is a 65 year old female with a reported date of injury on October 28, 2012 and a diagnosis of pain in joint involving shoulder region (719.41). Mechanism of injury reported as being struck in the right shoulder area by a door while performing her duties as a housekeeper. Orthopedic office visit note, dated March 18, 2014, indicates report of severe pain in right shoulder with limited range of motion and inability to reach, push or pull. She has markedly positive impingement signs. She is reported as temporarily totally disabled. MRI dated May 27, 2014 reveals a large full-thickness, complete tear of the supraspinatus tendon with retracted tendon fibers back to the apex of the humeral head - this is similar in appearance to MRI exam from 2012, subscapularis and infraspinatus tendinosis, large amount of fluid in subacromial/subdeltoid bursa and moderate amount joint effusion, acromioclavicular joint (A.C. joint) and undersurface acromial osteophytes, mild infraspinatus and supraspinatus muscle atrophy and chronic degenerative type tearing superior labrum. Orthopedic office visit note dated July 11, 2014 indicates a recommendation for reconstructive surgery. Prior utilization review denied request for Tramadol 150mg #60 x2, Naproxen 550mg #90, Pantoprazole 20mg #90 and Orphenadrine 100mg #60 on July 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #60 x2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-96.

**Decision rationale:** The claimant has been prescribed Tramadol for chronic pain about the neck and shoulder however, the claimant has had urine drug screen on 3/18/14 performed which failed to show any Tramadol. [REDACTED] notes on 4/18/14 the claimant has been weaned from Schedule III narcotic to Schedule IV tramadol however, the UDS results of the previous month is not discussed and presumed to be due to noncompliance with Tramadol. Given the noncompliance implied by the UDS results, the continued use of Tramadol is not medically necessary.

**Naproxen 550mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 66-73.

**Decision rationale:** There is an office note from [REDACTED], dated 4/18/14, who attributes a functional benefit from the Naprosyn. As this is an NSAID, the claimant has been started on a PPI pantoprazole with relief of GI symptoms, such that the continued use for this claimant is medically necessary.

**Pantoprazole 20mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 68-69.

**Decision rationale:** The claimant has been prescribed Naprosyn and is 65 years old, placing the claimant to the intermediate level of risks from GI complications from NSAID use. Therefore the request for Pantoprazole is medically necessary.

**Orphenadrine 100mg #60:** Upheld

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

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

**Decision rationale:** The claimant has chronic shoulder pain and presumably spasm. The claimant has been afforded a trial of Orphenadrine from which there are reports of increased motion however, the medication is only to be used for short term relief of spasm. CAMTUS holds that Orphenadrine has little value beyond a two week period of use. The claimant appears to be on chronic daily use of Orphenadrine which is not supported by CAMTUS or current documentation. Therefore the request remains not medically necessary.