

<b>Case Number:</b>	CM14-0163166		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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:

The injured worker is a 42-year-old male who reported an injury on 04/16/2014 after being involved in a MVC. The injured worker complained of neck, upper back, mid back, left shoulder, left arm pain, and left knee pain that radiated to the left leg. The injured worker rated his pain a 9/10 at best and a 10/10 worse using the VAS. Prior treatments included chiropractic therapy 3 times weekly, and medications. The medications included Ibuprofen 600 mg, Tramadol ER 150 mg, Prilosec 20 mg, and Docuprene 100 mg. The injured worker had a diagnosis of disorder of bursae and tendons of the shoulder region, unspecified, and thoracic back pain. The objective findings dated 09/02/2014 of the cervical spine revealed tenderness to palpation over the bilateral superior trapezius levator scapular, and rhomboids. Examination of the thoracic spine revealed tenderness to palpation over the thoracic paraspinal muscles and bilateral trapezius. Examination of the left shoulder revealed range of motion with forward flexion of 90 degrees, abduction 100 degrees, external rotation 50 degrees, and internal rotation of 60 degrees with tenderness to palpation over the shoulder. Also, testing revealed normal bulk and tone to all major muscle groups of the upper extremities, with no atrophy noted. Sensory examination revealed grossly intact to light touch throughout the upper extremities with some diminished sensation over the C6, C7 and C8 dermatomes. Deep tendon reflexes were 1+/4 bilateral upper extremities symmetrically. The treatment plan included Prilosec, Tramadol and Docuprene. The Request for Authorization dated 10/08/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20mg #60 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events including: age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids and/or anticoagulants or high dose/multiple nonsteroidal anti-inflammatory medications. The medical documentation provided did not indicate that the injured worker had gastrointestinal symptoms or the injured worker was at risk for gastrointestinal events. The request did not indicate a frequency. As such, the request is not medically necessary.

**Docuprene 100mg #60:** Upheld

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

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

**Decision rationale:** The request for Docuprene 100mg #60 is not medically necessary. The California Guidelines recommend prophylactic treatment for constipation and indicate that it should be initiated. The provider did not document that the injured worker had constipation. Additionally, the documentation did not indicate that the injured worker had any complaints or diagnoses or history of constipation. The request did not indicate a frequency. As such, the request is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Opioids, criteria for use Page(s): 78.

**Decision rationale:** Decision for The request for Tramadol ER 150mg #30 is not medically necessary. The California MTUS Guidelines state central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line

oral analgesic. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The clinical notes were not evident of documentation addressing any aberrant drug taking behavior or adverse side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request did not address the frequency. As such, the request is not medically necessary.