

<b>Case Number:</b>	CM14-0197745		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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: Preventive Medicine, Occupational Medicine

### 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 64 year old female, who sustained an industrial injury on 7/12/13. She reported initial complaints of left arm/shoulder. The injured worker was diagnosed as having cervicalgia; thoracic spine pain; brachial neuritis; sprain shoulder/arm NCO; spasm of muscle; headache; cervical disc displacement; thoracic region sprain; thoracic disc displacement; rotator cuff sprain; shoulder region disease NEC; joint derangement NOS - shoulder; cervicobrachial syndrome; post- surgical states NEC, joint disease NOS - shoulder. Treatment to date has included status post left shoulder arthroscopy (3/18/14); chiropractic care; walking cane and brace for arm; medications. Currently, the provider did not submit the PR-2 notes dated 11/1/14 used for Utilization Review decision. However, he did send subsequent PR-2 notes 11/24/14 and after that do not document the requested medications or support their medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #90:** Upheld

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

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

**Decision rationale:** Proton pump inhibitors, such as omeprazole are recommended by the MTUS Guidelines 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 omeprazole when using NSAIDs. The request for omeprazole 20 mg #90 is determined to not be medically necessary.

**Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

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

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no documented increase in function or decrease of pain while using Tramadol. There is no indication that the injured worker failed with first line agents. Additionally, the strength and number of Tramadol requested is not included with this review. 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 continue treatment. The request for Tramadol is determined to not be medically necessary.

**Topical creams menthoderm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Section Topical Analgesics Section Page(s): 104, 111-113.

**Decision rationale:** Menthoder gel contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The injured worker does not appear to be getting any sort of relief from this medication, so

continued use is not considered to be medically necessary or appropriate. The request for Topical creams menthoderm is determined to not be medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov).

**Decision rationale:** MTUS Guidelines do not address the use of urinalysis, therefore, other guidelines were consulted. Medline states that urinalysis is the physical, chemical, and microscopic examination of urine. It involves a number of tests to detect and measure various compounds that pass through the urine. A urinalysis may be done: As part of a routine medical exam to screen for early signs of disease. If there are signs of diabetes or kidney disease, or to monitor treatment for these conditions. To check for blood in the urine or to diagnose a urinary tract infection. Its purpose for the urinalysis is not clear in the available documentation. The request for urinalysis is determined to not be medically necessary.