

<b>Case Number:</b>	CM14-0216386		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	09/30/2004
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 65 year old male with a work related right upper extremity injury dated 09/30/2004 after a fall while working as a mechanic. According to a primary physician's progress report dated 11/19/2014, the injured worker presented with complaints of a multitude of injuries he suffered as a result of his shoulder rotator cuff tear and tendon rupture. Diagnoses included status post anterior/posterior labral tear of the right shoulder and superior to posterior labral repair, shoulder arthritic disease, subacromial decompression and arthroscopic distal clavicle resection, cervical radiculopathy, status post right shoulder impingement with surgical repair, status post right wrist strain/sprain, status post right biceps tendon rupture with repair, and right sided denervation of C5-C6 distribution with a brachial plexopathy. In addition to surgeries, other noted treatments included medications. Diagnostic testing included urine drug screen dated 09/19/2014 which showed Gabapentin and Hydrocodone consistent with prescription therapy and Bupropion inconsistent with prescription therapy. Electromyography and nerve conduction studies dated 05/28/2014 showed findings suggestive of minimal right carpal tunnel syndrome and bilateral chronic active C5-C6 radiculopathy. Work status is noted as modified work. On 11/24/2014, Utilization Review non-certified the request for Gabapentin 600mg #120 and modified the request for Tramadol 150mg #60 and Omeprazole 20mg #120 to Tramadol 150mg #45 and Omeprazole 20mg #60 citing California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines. The Utilization Review physician stated there is no documentation as to presence of radicular pain or physical exam findings consistent with radiculopathy regarding the Gabapentin. Regarding the Tramadol, there is no documented

symptomatic or functional improvement from its previous usage or compliance with the California Medical Treatment Utilization Schedule Opioid recommended guidelines, such as a current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and injured worker. Regarding the Omeprazole, the medical necessity for this gastrointestinal protective medication has been established and the request is partially certified for the quantity of #60 to comply with referenced guideline once daily dosage recommendations. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 600 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the claimant had already been on Gabapentin for several months. Gabapentin is not medically necessary.

**Tramadol 150 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Opioids Page(s): 82-92.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, the claimant's pain persisted over time while on the medication. He had been on the maximum dose. He had previously been on Hydrocodone and there is no indication that one opioid is superior to another. Opioids are not indicated for mechanical or compressive etiologies. The continued use of Tramadol as above is not medically necessary.

**Omeprazole 20 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/PPI.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.