

<b>Case Number:</b>	CM15-0017686		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 51 year old male who sustained an industrial injury on 10/8/13. The injured worker reported symptoms in the back, neck upper and lower extremities. The diagnoses included cervical strain, right shoulder acromioclavicular joint degenerative joint disease, clinically, right shoulder impingement syndrome versus rotator cuff tear, right hip contusion and right wrist contusion resolved. Treatments to date include subacromial injection, physical therapy, H-Wave Trial, oral pain medications and activity modifications. In a progress note dated 12/22/14 the treating provider reports the injured worker was with 'complaints of ongoing neck pain that radiates down the right shoulder and right upper extremities...ongoing lower back pain that radiates down the right buttocks and outer aspect of the right thigh. 'On 1/27/15 Utilization Review non-certified the request for Anaprox 550 milligrams tablet, 1 tablet by mouth 2 times a day as needed, quantity of 60, refills unspecified and Ultram 50 milligram tablet by mouth 2 times a day as needed, quantity of 60, refill unspecified as an outpatient. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg Tablet 1 Tablet By Mouth 2 Times A Day As Needed, Quantity: #60, Refills: Unspecified: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox 550mg one PO b.i.d. #60, refills unspecified is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical strain; right shoulder AC joint degenerative joint disease; right shoulder impingement syndrome versus rotator cuff tear; right hip contusion; and right wrist contusion resolved. The documentation indicates Anaprox 550 mg was prescribed as far back as August 18, 2014. The documentation does not contain evidence of objective functional improvement with which to gauge Anaprox efficacy. Additionally, Anaprox is indicated for the shortest period at the lowest dose in patients with moderate to severe pain. The injured worker has been taking Anaprox in excess of six months. Consequently, absent clinical documentation with objective functional improvement to gauge Anaprox's efficacy with long-term use, Anaprox 550 mg one PO BID #60, refills unspecified is not medically necessary.

**Ultram 50 Mg Tablet By Mouth 2 Times A Day As Needed, Quantity: #60, Refill Unspecified As An Outpatient.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg one PO PID PRN #60 refills unspecified is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical strain; right shoulder AC joint degenerative joint disease; right shoulder impingement syndrome versus rotator cuff tear; right hip contusion; and right wrist contusion resolved. The documentation from August 18, 2014 indicates Ultram 50mg was prescribed at that time. Additionally, a second physician was prescribing Ultracet 37.5 mg. There was no discussion within the progress note with an indication or rationale for the second

physician input. The documentation does not contain evidence of objective functional improvement with ongoing opiate use. There were no detail pain assessments in the medical record. There were no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement with a second physician writing a second opiate, Ultram 50 mg one PO b.i.d. as needed #60 refills unspecified is not medically necessary.