

Case Number:	CM15-0111140		
Date Assigned:	06/17/2015	Date of Injury:	12/12/2012
Decision Date:	08/19/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: North Carolina, Georgia
 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 12/12/2012. He has reported injury to the right shoulder and low back. The diagnoses have included low back pain; lumbar sprain; lumbar facetal pain; sacroiliitis; right shoulder rotator cuff tendinitis; rotator cuff tear; right shoulder adhesive capsulitis; and status post diagnostic arthroscopy and open rotator cuff repair with Speed Bridge technique, right shoulder, on 04/24/2015. Treatment to date has included medications, diagnostics, physical therapy, home exercise, and surgical intervention. Medications have included Tramadol, Gabapentin, Naproxen Sodium, Trazodone, and Omeprazole. A progress note from the treating physician, dated 04/09/2015, documented a follow-up visit with the injured worker. It is noted that the low back pain is slightly better after physical therapy. Currently, the injured worker complains of persistent low back and right shoulder pain problems; his pain is 10/10 in severity on today's visit; his pain is a dull achy type associated with a swollen feeling in the right upper extremity; he has reflux associated with medications and has difficulty getting his medications at the pharmacy; and he is scheduled for surgery for the right shoulder. Objective findings included positive for anxiety; he is grossly protective of his right upper extremity; tenderness noted in the anterior aspect of the right shoulder; decreased range of motion of the right shoulder; and strength is 4+/5 in the right shoulder abduction and forward flexion. The treatment plan has included the request for Tramadol 50mg, #90; Gabapentin 300mg, #90; Trazodone 50mg, #30; and Omeprazole 20 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Tramadol; Opioids, criteria for use; Weaning of Medications Page(s): 78-80, 93, 94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco. The request is not medically necessary.

Gabapentin 300mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 17, 18, 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with no evidence or documentation to suggest that the pain is neuropathic. It is not prescribed in the immediate post-operative period and therefore is not medically necessary.

Trazodone 50mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress/Trazodone.

Decision rationale: CA MTUS is silent on the use of trazodone. ODG addresses its use in the section on Mental/Stress. Trazodone is recommended as a second line treatment for use for insomnia with concurrent mild depression or anxiety. There is no clear cut evidence to recommend it as first line treatment for insomnia. It is used off label for alcoholism, anxiety and panic disorder. It is generally not used for major depressive disorder. In this case, there is no diagnosis of insomnia, anxiety or depression and there is no other documented prior treatment of insomnia, behavioral or pharmacologic, as well as no clear documentation of response to treatment with Trazodone. The request for trazodone #30 is not medically necessary and the original UR decision is upheld.

Omeprazole 20mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro- intestinal events. In this case, the medical record documents a history of gastroesophageal reflux but does not document any use of NSAID medication. Omeprazole therefore is not medically necessary.