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| Case Number: | CM15-0112034 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 03/31/2009 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 06/10/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female with an industrial injury dated 03/31/2009. The mechanism of injury is documented as a fall landing on her right shoulder and developing severe right shoulder pain. Her diagnosis is pain in joint - shoulder. Prior treatments included MRI (showing a full thickness rotator cuff tear), right shoulder arthroscopic rotator cuff repair, physical therapy and medications. She presents on 03/26/2015 with complaints of chronic bilateral shoulder pain. There were no acute changes in pain at the time of the visit. She had previously reported 100% pain relief with a left shoulder injection at her last visit; however, she states that the pain is returning in her left shoulder. She rates the pain as 6/10. She also reports difficulty in lifting items as well as limited range of motion of left upper extremity. She reports the medications continue to help reduce some pain level for a better function. The provider notes the injured worker does well with the medications but she does have some gastrointestinal upset for which Omeprazole does help with. Physical exam noted the injured worker to be in pain. Right shoulder had diffuse tenderness. There was pain with range of motion exercises. Muscle tone was without atrophy. Treatment plan included Naproxen, Ketamine Cream, Tramadol/APAP, Omeprazole, and Albuterol breathing treatments, Dulera, Hydrochlorothiazide, and Meclizine. The request is for Naproxen Sodium-Anaprox 550 mg # 90, Omeprazole DR 20 mg # 30 with 3 refills and Tramadol/APAP 37.5/325 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium-Anaprox 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Naproxen Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Naproxen Sodium-Anaprox 550mg #90 is not medically necessary and appropriate.

Omeprazole DR 20mg #30 with 3 refills: 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 NSAIDs, GI Symptoms and Cardiovascular risk, pages 68-69. Decision based on Non-MTUS Citation ODG, Pain Chapter, Proton Pump Inhibitors (Updated 6/15/15).

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as Pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation

of any history of inflammation/bleeding or GI diagnosis to warrant this medication. The Omeprazole DR 20mg #30 with 3 refills is not medically necessary and appropriate.

Tramadol/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2009. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol/APAP 37.5/325mg #90 is not medically necessary and appropriate.