

<b>Case Number:</b>	CM15-0114170		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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:

This 56 year old woman sustained an industrial injury on 2/18/2009 after lifting heavy mats. She received immediate medical care including oral medication and an attempted MRI scan that was unable to be completed due to claustrophobia. Diagnoses include cervicgia and left rotator cuff syndrome. Treatment has included oral medications, chiropractic care, TENS unit, and physical therapy. Physician notes dated 5/4/2015 show complaints of neck, left shoulder, left arm, and left elbow pain rated 5-8/10. Recommendations include Tramadol ER, Diclofenac XR, Prilosec, opioid agreement was signed, urine drug screen, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg by mouth twice daily #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg PO twice daily #60 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervicalgia; and left rotator cuff syndrome. According to a May 4, 2015 progress note, Prilosec 20 mg was started for G.I. prophylaxis. There were no comorbid conditions or past medical history compatible with history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose or multiple non-steroidal anti-inflammatory drugs. The documentation does indicate the injured worker is taking both ibuprofen and naproxen, however there is no clinical rationale for the use of two non-steroidal anti-inflammatory drugs. Additionally, Prilosec 20 mg is indicated once daily. The prescribing provider wrote Prilosec 20 mg bid. BID dosing is excessive. Consequently, absent clinical documentation with the clinical rationale for two ongoing non-steroidal anti-inflammatory drugs and risk factors/comorbid conditions warranting a proton pump inhibitor, Prilosec 20mg PO twice daily #60 mg is not medically necessary.

**Tramadol ER 150mg by mouth once daily #30:** Overturned

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

**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, Tramadol ER 150 mg one PO once daily #30 is 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 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervicalgia; and left rotator cuff syndrome. According to a QME performed August 10, 2014, the treating provider prescribed only ibuprofen. According to a May 4, 2015 progress note, the injured worker was taking ibuprofen, naproxen and Quetiapine. The injured worker subjectively had complaints of left shoulder, left neck, left arm and left elbow pain. The treatment plan included tramadol ER 150 mg one daily #30. A urine drug screen was performed on the same day that was consistent. A 30 day trial with tramadol is not unreasonable based on the clinical documentation. The injured worker is currently taking two non-steroidal anti-inflammatory drugs. There is no clinical rationale for the concurrent use of two non-steroidal anti-inflammatory drugs. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no prior opiate use with a poor response to non-steroidal anti-inflammatory drugs, Tramadol ER 150 mg PO once daily #30 is medically necessary.

**Diclofenac XR 100mg by mouth once daily #30:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac XR 100 mg once daily #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are cervicalgia; and left rotator cuff syndrome. According to a QME performed August 10, 2014, the treating provider prescribed only ibuprofen. According to a May 4, 2015 progress note, the injured worker was taking ibuprofen, naproxen and Quetiapine. The injured worker subjectively had complaints of left shoulder, left neck, left arm and left elbow pain. The treatment plan included tramadol ER 150 mg one daily #30. A urine drug screen was performed on the same day that was consistent. The injured worker is currently taking two non-steroidal anti-inflammatory drugs. There is no clinical rationale for the concurrent use of two non-steroidal anti-inflammatory drugs. There is no evidence to recommend one drug in this class over another based on efficacy. The injured worker was prescribed to non-steroidal anti-inflammatory drugs that were taken concurrently (ibuprofen and naproxen). There is no evidence to recommend one drug in this class over another based on efficacy. There is no clinical rationale for starting diclofenac XR 100 mg. Additionally, the main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, provider prescriptions including two concurrent non-steroidal anti-inflammatory drugs and no clinical rationale for diclofenac including the increased risk profile, Diclofenac XR 100 mg once daily #30 is not medically necessary.