

<b>Case Number:</b>	CM15-0119079		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	04/05/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 43 year old female, who sustained an industrial/work injury on 4/5/14. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having right shoulder internal derangement; s/p surgery on 11/7/14. Treatment to date has included medication, surgery, physical therapy, and diagnostics. Currently, the injured worker complains of right shoulder pain, slightly reduced with completion of therapy with increased range of motion. Per the primary physician's progress report (PR-2) on 5/27/15, exam notes normal reflex, sensory and power testing to bilateral upper and lower extremities, negative straight leg raise and bowstring testing, normal gait, positive right shoulder tenderness with healed incisions, muscle spasms in the paraspinal musculature, and right shoulder decreased range of motion by 10%. Current plan of care included continuing home exercise program, request of interferential unit and medication. The requested treatments include Ultram 50 mg and Protonix 40 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 82, 84, 93.

**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 50mg #60 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 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 diagnosis is right shoulder ID, status post surgery November 7, 2014. The date of injury is April 15, 2014. The injured worker status post right shoulder arthroscopy. The earliest progress note in the medical record is dated November 20, 2014. Treating provider prescribed Hydrocodone and physical therapy. In subsequent progress notes dated December 11, 2014, January 11, 2015 and March 2, 2015 there were no current medications listed in the progress notes. In the latter March 2, 2015 progress note, there was a prescription attached for Protonix 20 mg bid, Ultram 50 mg and Lidoderm. The injured worker had ongoing pain in the shoulder and no VAS pain scale. In a progress note dated April 13, 2015 there were no medications listed in the progress note. The most recent progress note dated May 27, 2015 (request authorization May 28, 2015) did not contain a current list of medications. The treatment plan indicated "refill medications", but a prescription was attached with renewals for Protonix 40mg once daily and Ultram 50mg. There is no documentation demonstrating objective functional improvement, no documentation of current medications in the body of the medical record, no pain assessments, no risk assessments and no attempt at weaning Ultram. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and lack of documentation throughout the medical record of ongoing medications, Ultram 50mg #60 is not medically necessary.

**Protonix 40 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), proton pump inhibitors.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. 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, Protonix 40mg #30 is not medically necessary. Omeprazole 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 diagnosis is right shoulder ID, status post surgery November 7, 2014. The date of injury is April 15, 2014. The injured worker status post right shoulder arthroscopy. The earliest progress note in the medical record is dated November 20, 2014. Treating provider prescribed Hydrocodone and physical therapy. In subsequent progress notes dated December 11, 2014, January 11, 2015 and March 2, 2015 there were no current medications listed in the progress notes. In the latter March 2, 2015 progress note, there was a prescription attached for Protonix 20 mg bid, Ultram 50 mg and Lidoderm. The injured worker had ongoing pain in the shoulder and no VAS pain scale. In a progress note dated April 13, 2015 there were no medications listed in the progress note. The most recent progress note dated May 27, 2015 (request authorization May 28, 2015) did not contain a current list of medications. The treatment plan indicated "refill medications", but a prescription was attached with renewals for Protonix 40mg once daily and Ultram 50mg. of clinical entry in the medical record progress note dated May 27, 2015 stated it was stomach irritation improved by proton pump inhibitors. There is no specificity in the clinical entry for "stomach irritation". The treating provider did not discuss whether this meant gastritis, peptic disease with associated G.I. bleeding. There was no clinical objective examination of the abdomen. This was the only progress note with a clinical entry with an indication. The documentation did not contain a start date for Protonix. Protonix is a second line PPI. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and specificity and duration of use, Protonix 40mg #30 is not medically necessary.