

<b>Case Number:</b>	CM15-0121970		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 43 year old female, who sustained an industrial injury on 10/16/2013. The injured worker reported right shoulder and arm pain as a result of a frame fell on her. On provider visit dated 12/24/2014 the injured worker has reported right shoulder pain. On examination of the right shoulder revealed tenderness to palpation over the AC joint and severe over the lateral aspects of the joint and posterior aspect of the joint. Range of motion was noted to be decreased. The diagnoses have included rotator cuff rupture. Treatment to date has included medication. The provider requested Omeprazole, Gabapentin, Tramadol and Nortriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** 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, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain in the right shoulder radiating to the right wrist, rated 7/10. The request is for Omeprazole 20 MG # 60. Physical examination to the right shoulder on 01/30/15 revealed tenderness to palpation in the AC joint and superolateral aspect of the shoulder. Impingement test was positive. Patient's treatments have included medication, EMG/NCV studies, injections and acupuncture with benefits. Patient's diagnosis, per 12/24/14 progress report include right shoulder pain, right carpal tunnel syndrome, and right forearm pain. Patient's medications, per RFA form dated 05/20/15 include Omeprazole, Gabapentin, Celebrex, Tramadol and Natriptyline. Patient's work status is modified duties. MTUS pg 69 states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In progress report dated 05/20/15, it is stated that the patient had to go to ER with GI complaints and was diagnosed with anemia. Patient received prescriptions for Omeprazole (Prilosec) on 04/15/15 and 05/20/15. Treater does not document any gastrointestinal upset or irritation. Review of the medical records indicate that the patient has utilized NSAIDS. However, there is no history of ulcers. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request Omeprazole 20 mg is not medically necessary.

**Gabapentin 300mg #60:** 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  
Gabapentin Page(s): 18, 19.

**Decision rationale:** The patient presents with pain in the right shoulder radiating to the right wrist, rated 7/10. The request is for Gabapentin 300 MG # 60. Physical examination to the right shoulder on 01/30/15 revealed tenderness to palpation in the AC joint and superolateral aspect of the shoulder. Impingement test was positive. Patient's treatments have included medication, EMG/NCV studies, injections and acupuncture with benefits. Patient's diagnosis, per 12/24/14 progress report include right shoulder pain, right carpal tunnel syndrome, and right forearm pain. Patient's medications, per RFA form dated 05/20/15 include Omeprazole, Gabapentin, Celebrex, Tramadol and Natriptyline. Patient's work status is modified duties. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. In review of the medical records provided, Gabapentin was prescribed from 12/24/14 and 05/20/15. In this case, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with

the medication should be recorded," when medications are used for chronic pain. The request does not meet all the criteria listed by MTUS, therefore, it is not medically necessary.

**Tramadol 37.5/325mg #60:** 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 Medications for chronic pain Criteria For Use Of Opioids Tramadol Page(s): 60, 61, 88, 89, 76-78, 113.

**Decision rationale:** The patient presents with pain in the right shoulder radiating to the right wrist, rated 7/10. The request is for Tramadol 37.5/325 MG # 60. Physical examination to the right shoulder on 01/30/15 revealed tenderness to palpation in the AC joint and superolateral aspect of the shoulder. Impingement test was positive. Patient's treatments have included medication, EMG/NCV studies, injections and acupuncture with benefits. Patient's diagnosis, per 12/24/14 progress report include right shoulder pain, right carpal tunnel syndrome, and right forearm pain. Patient's medications, per RFA form dated 05/20/15 include Omeprazole, Gabapentin, Celebrex, Tramadol and Natriptyline. Patient's work status is modified duties. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not discuss this request. Patient has received prescriptions for Ultracet (Tramadol) from 01/30/15 and 04/15/15. In this case, treater has not discussed how Ultracet (Tramadol) decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS, CURES or opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request is not medically necessary.

**Natriptyline 25mg #60:** 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 Antidepressants for chronic pain Page(s): 13-15.

**Decision rationale:** The patient presents with pain in the right shoulder radiating to the right wrist, rated 7/10. The request is for Natriptyline 25 MG # 60. Physical examination to the right shoulder on 01/30/15 revealed tenderness to palpation in the AC joint and superolateral

aspect of the shoulder. Impingement test was positive. Patient's treatments have included medication, EMG/NCV studies, injections and acupuncture with benefits. Patient's diagnosis, per 12/24/14 progress report include right shoulder pain, right carpal tunnel syndrome, and right forearm pain. Patient's medications, per RFA form dated 05/20/15 include Omeprazole, Gabapentin, Celebrex, Tramadol and Nortriptyline. Patient's work status is modified duties. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The patient is diagnosed with right shoulder pain, right carpal tunnel syndrome, and right forearm pain. In this case, a prescription for Nortriptyline is first noted in progress report dated 12/24/14, and the patient has been taking the medication consistently at least since then. However, none of the progress reports document symptoms and diagnoses of depression and anxiety. The reports do not describe a clear diagnosis of neuropathy or insomnia for which this medication may be indicated as well. Furthermore, there is no discussion regarding efficacy, as required by MTUS. Therefore, the request is not medically necessary.