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| <b>Case Number:</b>   | CM15-0162696 |                              |            |
| <b>Date Assigned:</b> | 08/31/2015   | <b>Date of Injury:</b>       | 11/01/2000 |
| <b>Decision Date:</b> | 11/12/2015   | <b>UR Denial Date:</b>       | 08/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2015 |

### 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: Arizona, California  
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 57 year old male who sustained an industrial injury on 11-1-2000. Diagnoses are noted as bursitis-shoulder and displacement intervertebral disc site unspecified without myelopathy. In a progress report dated 8-18-15, the physician notes right shoulder symptoms are unchanged since the last office visit and limited response to physical therapy. Objective exam of the right shoulder reveals positive impingement symptoms and decreased strength and range of motion. A right shoulder MRI was done 7-6-15. A right shoulder injection was done 8-18-15. The plan notes continuing medications and to change the nonsteroidal anti-inflammatory to Naprelan as needed for inflammation due to recently diagnosed peptic ulcer disease via endoscopy. A request for authorization is dated 8-18-15. The requested treatment of Tramadol-APAP tablet 37.5-325mg, day supply: 30, quantity: 60, refills: 3, (take one tablet every 12 hours as needed for pain), Etodolac Tab 500mg day supply: 30, quantity: 60, refills: 3 (take one tablet twice daily), and Lyrica 75mg quantity 30 (1 capsule at bedtime) was not approved on 8-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APA tablet 37.5/325mg day supply; 30 qty 60, refills 3, take one tablet by mouth every 12 hours as needed for pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on the medication for an unknown length of time in combination with NSAIDs. There was no mention of pain scores. Continued and chronic use of Tramadol is not justified and is not medically necessary.

**Etodolac tablet 500mg day supply; 30 qty 60, refills; 3, take one table by mouth twice daily:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Etodolac for an unknown length of time. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores were not noted. Continued use of Etodolac is not medically necessary.

**Lyrica 75mg #30 take one capsule by mouth at bedtime:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics. Length of use and failure of other options was not mentioned. There is no indication for continued use and the Lyrica is not medically necessary.