

Case Number:	CM15-0168501		
Date Assigned:	09/14/2015	Date of Injury:	04/10/2008
Decision Date:	11/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 60 year old male, who sustained an industrial injury on 4-10-08. The injured worker was diagnosed as having right shoulder strain with rotator cuff tendinitis or bursitis with a full thickness rotator cuff tear, status post right shoulder arthroscopic rotator cuff repair on 11-5-09, crush injury of the right thumb and wrist, status post right thumb carpometacarpal arthroplasty on 11-4-10 with residuals, right carpal tunnel syndrome, left shoulder strain and bicep tendon rupture, status post left shoulder arthroscopic rotator cuff repair on 6-21-12, and prolonged depressive reaction. Treatment to date has included bilateral shoulder surgeries, right thumb surgery, physical therapy, and medication. Physical examination findings on 7-8-15 included cervical spine tenderness to palpation about the paracervical and trapezius musculature. Cervical range of motion was restricted secondary to pain. Right shoulder tenderness to palpation was noted diffusely. The left shoulder had full range of motion without pain. Bilateral thumb tenderness to palpation of the carpometacarpal joint was noted and weakness in grip strength was also noted. The injured worker had been taking Omeprazole, Naproxen, and Tramadol since at least April 2015. Currently, the injured worker complains of moderate right shoulder with decreased range of motion. On 7-21-15, the treating physician requested authorization for physical therapy 2x4 for bilateral shoulder and trapezius area, Naproxen 550mg #60, Tramadol 50mg #60, and Omeprazole 20mg #60. On 7-28-15, the requests were non-certified and Tramadol was modified. Regarding physical therapy, the utilization review physician noted "no deficits were noted within the left shoulder to support the medical necessity of physical therapy for bilateral shoulders. The patient was noted to have

already attended 8 sessions of physical therapy his response to those session was not clearly documented." Regarding Naproxen, the utilization review physician noted "further clarification is needed regarding how long the patient had been using Naproxen, as this medication is only recommended for short term use." Regarding Omeprazole, the utilization review physician noted "there is no indication that the patient has dyspepsia or that he was at high risk for gastrointestinal events due to his NSAID use to support the medical necessity of Omeprazole." Regarding Tramadol, the utilization review physician noted the documentation provided fails to show that the patient has significantly improved from the use of Tramadol, and without evidence of efficacy the request would not be supported. Tramadol 50mg #30 was certified for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: 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: Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has had prior use of NSAIDs and there is no documentation of objective evidence of functional benefit from use of this medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Tramadol 50mg #60: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication

use, and side effects. Pain assessment should include current pain; last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, it is not clear what other medications/opiates have (or have not) been tried. Tramadol is not recommended as a first-line oral analgesic. Medical necessity for the requested medication has not been established. The requested treatment with Tramadol is not medically necessary.

Omeprazole 20mg #60: 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, GI symptoms & cardiovascular risk.

Decision rationale: According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. In this case, Naproxen was not found to be medically necessary. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Physical Therapy 2x wk x 4Wks for the bilateral shoulder and trapezius area: 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): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient has had prior physical therapy sessions and there is no documentation indicating that the patient had a defined functional improvement in his condition. There is no specific indication for the additional PT (2x4) sessions. Medical necessity for the requested service has not been established. The requested service is not medically necessary.