

Case Number:	CM15-0172887		
Date Assigned:	09/15/2015	Date of Injury:	05/15/2014
Decision Date:	11/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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: Preventive Medicine, Occupational 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 33 year old male, who sustained an industrial injury on May 15, 2014 and reported feeling something cracking in his shoulder. The injured worker is diagnosed as having persistent left shoulder impingement and left shoulder adhesive capsulitis. Currently, the injured worker complains of left shoulder pain with decreased range of motion that is described as tight and is rated at 9 on 10. Physical examinations dated July 9, 2015 and July 30, 2015 reveal tenderness to the anterior aspect of the left shoulder at the acromioclavicular joint. Left shoulder flexion is 110 degrees, abduction 90 degrees, external rotation 50 degrees and internal rotation 50 degrees. There is atrophy of the left deltoid muscles, as well as spasms of the left deltoid tie in-cervical trapezius muscles. The note dated July 30, 2015 indicated the injured workers current medication regimen allows for increased ability to engage in activities of daily living to include; light household chores, grocery shopping, grooming and cooking and enables him to actively participate in home exercise due to his medication regimen. The note also states he experiences improved tolerance to activity and improved function with his medication. The note further states the injured worker was able to discontinue an opioid medication due to taking Tramadol ER, and Naproxen improved his range of motion and decreases his "achy pain" by three points. The medication Pantoprazole is requested to protect the stomach due to Naproxen use and Cyclobenzaprine has been efficacious at reducing muscle spasms for four to six hours and a decrease in pain by three to four points. Treatment to date has included left shoulder surgical intervention (remote left shoulder arthroscopic subacromial decompression) in December 2014, which initially resulted in pain reduction, activity modification, stretching, heat

therapy, physical therapy (minimum of 12 sessions), home exercise and injections. An MRI dated July 24, 2015, indicates mild tendinitis supraspinatus. The use of the TENS unit is providing pain relief as well as improved range of motion. The following medications are requested; Tramadol 150 mg #60, Naproxen 550 mg #90, Pantoprazole 20 mg #90 and Cyclobenzaprine 7.5 mg #90 (retrospective request with a date of service of July 9, 2015) all medications were non-certified per Utilization Review letter dated August 7, 2015. Of note, Tramadol and Cyclobenzaprine had an additional comment "medication already provided should be used for the weaning process, unless additional medication guideline compliance is met".

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 150 mg #60 with a dos of 7/9/2015: Overturned

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 rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. Retrospective Tramadol 150 mg #60 with a dos of 7/9/2015 is medically necessary.

Retrospective Naproxen 550 mg #90 with a dos of 7/9/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Retrospective Naproxen 550 mg #90 with a dos of 7/9/2015 is not medically necessary.

Retrospective Pantoprazole 20 mg #90 with a dos of 7/9/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Pantoprazole is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Retrospective Pantoprazole 20 mg #90 with a dos of 7/9/2015 is not medically necessary.

Retrospective Cyclobenzaprine 7.5 mg #90 with a dos of 7/9/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Retrospective Cyclobenzaprine 7.5 mg #90 with a dos of 7/9/2015 is not medically necessary.