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| <b>Case Number:</b>   | CM15-0173596 |                              |            |
| <b>Date Assigned:</b> | 09/15/2015   | <b>Date of Injury:</b>       | 06/15/1997 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 08/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2015 |

### 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: Emergency 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:

This 60-year-old male sustained an industrial injury on 6-15-07. Documentation indicated that the injured worker was receiving treatment for right shoulder impingement syndrome. Previous treatment included distal clavicle excision, hot and cold wrap, home exercise and meds. In a PR- 2 dated 4-29-15, the injured worker complained of persistent right shoulder pain. The injured worker was a candidate for surgery or injection but preferred to defer at the time of exam. Physical exam was remarkable for tenderness along the right shoulder rotator cuff and biceps tendon. In a PR-2 dated 6-11-15, the injured worker complained of persistent pain in the right shoulder and right wrist with difficulty sleeping due to pain. Physical exam was remarkable for right shoulder with 160 degrees abduction with mild discomfort. The treatment plan included requesting authorization for Diclofenac. In a PR-2 dated 8-19-15, the injured worker was not lifting over 10 pounds with the right arm, doing little chores around the house and had gained 10 pounds. The injured worker stated that he did not do any chores such as mopping, dusting or sweeping. The injured worker had avoided injections and now stated that he did not wish any surgery either. The injured worker complained of issues with sleep, stress and depression. Magnetic resonance imaging right shoulder revealed distal clavicle excision, degenerative changes along the shoulder and bicipital tendinitis. X-ray of the shoulder showed 1mm articular surface left. Physical exam was remarkable for tenderness to palpation to the rotator cuff, biceps tendon and posterior shoulder joint with weakness to resisted function. The treatment plan included requesting authorization for medications (Celebrex, Protonix and Tramadol) and a four- lead transcutaneous electrical nerve stimulator unit with conductive

garment. On 8-27-15, Utilization Review noncertified a request for Celebrex 200mg, Protonix 20mg and Tramadol ER 150mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Celebrex 200mg #30: 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:** The requested Celebrex 200mg #30 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has tenderness along the right shoulder rotator cuff and biceps tendon. In a PR-2 dated 6-11-15, the injured worker complained of persistent pain in the right shoulder and right wrist with difficulty sleeping due to pain. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg #30 is not medically necessary.

#### **Prontonix 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines ,Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** The requested Prontonix 20mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note "Clinicians should weigh 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)" and "recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has tenderness along the right shoulder rotator cuff and biceps tendon. In a PR-2 dated 6-11-15, the injured worker complained of persistent pain in the right shoulder and right wrist with difficulty

sleeping due to pain. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prontonix 20mg #60 is not medically necessary.

**Tramadol Er 150mg #30:** 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, specific drug list.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has tenderness along the right shoulder rotator cuff and biceps tendon. In a PR-2 dated 6-11-15, the injured worker complained of persistent pain in the right shoulder and right wrist with difficulty sleeping due to pain. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol Er 150mg #30 is not medically necessary.