

<b>Case Number:</b>	CM15-0036973		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Pediatrics, Internal 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 53 year old female, who sustained an industrial injury on March 31, 2009. The diagnoses have included pain in shoulder joint. Treatment to date has included right shoulder surgery in 2009, left shoulder cortisone injection, home exercise program (HEP), functional restoration program, and medication. Currently, the injured worker complains of chronic bilateral shoulder pain. The Treating Physician's report dated January 20, 2015, noted the injured worker reported a left shoulder cortisone injection performed recently helped to reduce her pain by almost 100%. Examination of the left shoulder revealed non-tender to palpation over the rotator cuff muscles with range of motion (ROM) decreased by 40%, and right shoulder examination revealing tenderness to palpation over the rotator cuff muscles and decreased range of motion (ROM) by 50%. On February 5, 2015, Utilization Review non-certified Ketamine 5 percent cream 60 gram, apply to affected area TID #1, Tramadol/APAP 37.5/325mg 1 tab by mouth every 12 hours as needed #90, Omeprazole DR 20mg 1 tab every day #30 with 3 refills, and Naproxen 550mg 1 Tab by mouth every 12 hours #90, noting the requests were not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 27, 2015, the injured worker submitted an application for IMR for review of Ketamine 5 percent cream 60 gram, apply to affected area TID #1, Tramadol/APAP 37.5/325mg 1 tab by mouth every 12 hours as needed #90, Omeprazole DR 20mg 1 tab every day #30 with 3 refills, and Naproxen 550mg 1 Tab by mouth every 12 hours #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5 Percent Cream 60 Gram, Apply to Affected Area TID #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 1134.

**Decision rationale:** The use of topical ketamine is currently under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is no evidence in the case file that the Injured Worker had a radiculopathy. The request is not medically necessary or appropriate.

**Tramadol/APAP 37.5/325 MG 1 Tab by Mouth Every 12 Hours as Needed #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 4) On-Going Management Page(s): 78.

**Decision rationale:** The Injured Worker has been on long term opioids which are not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary or reasonable at this time.

**Omeprazole DR 20 MG 1 Tab Every Day #30 with 3 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-71.

**Decision rationale:** The indication for proton pump inhibitor use is intermediate or high risk of GI side effects. The risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and or high dose/multiple NSAID. There was notation of GI upset but there was no history of risk factors. This request is not medically necessary or appropriate.

**Naproxen 550 MG 1 Tab by Mouth Every 12 Hours #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** According to MTUS guidelines NSAID's are recommended as an option for short-term symptomatic relief of chronic low back pain. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the MTUS and ODG guidelines NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. According to the progress notes provided the IW was on Naproxen with a diagnosis of chronic bilateral shoulder pain. There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions however it is documented that the IW takes the Naproxen up to three times daily. This request is medically necessary and appropriate at this time.