

<b>Case Number:</b>	CM15-0037630		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	08/03/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/03/2015
<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: Texas, New York, 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 applicant is a represented 53-year-old [REDACTED] beneficiary who has filed a claim for chronic wrist, hand, shoulder, and upper extremity pain reportedly associated with an industrial injury of August 3, 2010. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve requests for omeprazole, tramadol, Methoderm, and Norco. The claims administrator referenced an RFA form of January 12, 2015 in its determination. The applicant's attorney subsequently appealed. In a January 23, 2015 progress note, the applicant reported persistent complaints of shoulder pain. It was stated that the applicant had attempted to return to work on a trial basis but had failed to tolerate the same. The applicant reported difficulty with reaching, scrubbing, and lifting activities. The applicant reported difficulty socializing with friends, performing household chores, exercising, and/or performing recreational activities owing to her various pain complaints. Naproxen, Prilosec, tramadol, Methoderm, and Norco were endorsed while the applicant was kept off of work, on total temporary disability. Additional acupuncture was proposed. The applicant reiterated that her symptoms were worsening over time. The applicant had been given prescriptions for naproxen, tramadol, Prilosec, and Methoderm as of an earlier note dated January 29, 2014. The applicant had been given permanent work restrictions. 10/10 pain complaints were noted. The applicant stated that she was not working and was avoiding socializing with friends, exercising, and/or performing household chores, secondary to her pain complaints. It was suggested that omeprazole was being employed for gastric protective effect as opposed to for actual symptoms

of reflux. A drug test report dated March 21, 2014 stated that the applicant was 52 years of age as of that date.

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

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

**Retrospective; Omeprazole 20mg (DOS 12/30/14) #60 Qty 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his progress note that omeprazole was being employed for gastric protective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Specifically, the applicant is less than 65 years of age (age 52-53) and is only using one NSAID, naproxen, is not using multiple NSAIDs, is not using NSAIDs in conjunction with corticosteroids, and does not have a history of previous GI bleeding and/or peptic ulcer disease. Therefore, the request was not medically necessary.

**Retrospective; Tramadol 50mg (DOS 12/30/14) #60 Qty 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was acknowledged in progress notes of 2014 and 2015, referenced above. The applicant continued to report severe pain complaints, despite ongoing tramadol usage. The applicant was avoiding socializing, avoiding doing household chores, avoiding going to work, etc., despite ongoing medication consumption. None of the foregoing, taken together, made a compelling case for continuation of tramadol. Therefore, the request was not medically necessary.

**Retrospective; Mentherm Ointment 120mg (DOS 12/30/14) #480: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for Methoderm ointment, a salicylate topical, was likewise not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Methoderm are recommended in the treatment of chronic pain, as was present here on or around the date in question, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off work despite ongoing Methoderm usage. Ongoing Methoderm usage failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol. The applicant continued to report difficulty performing even basic activities of daily living such as yard work, household chores, socializing, interacting with friends and family, etc., despite ongoing Methoderm usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Retrospective; Hydrocodone/APAP 5/325mg #60, Qty 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was acknowledged on progress notes of 2014 and 2015, referenced above. The applicant continued to report difficulty performing even basic activities of daily living such as interacting with friends and family, socializing, doing household chores, etc., despite ongoing medication consumption. None of the foregoing, taken together, made a compelling case for continuation of the same. Therefore, the request was not medically necessary.