

Case Number:	CM15-0079990		
Date Assigned:	04/30/2015	Date of Injury:	09/23/2008
Decision Date:	06/03/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/27/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 worker is a 62 year old who was injured on September 23, 2008. The IW previously received the following treatments and diagnostic tests; right shoulder MRI, left shoulder MRI, lumbar spine MRI, Norflex, Anaprox, Ultracet, Ultram, Vicodin, physical therapy, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities, random toxicology laboratory studies, right elbow later epicondylar injection and cervical spine MRI. The injured worker was diagnosed with chronic right wrist pain, chronic right elbow pain, right shoulder impingement, mild to moderate left carpal tunnel syndrome, chronic bilateral C6-C7 radiculopathy, myofascial pain syndrome, left shoulder labral tear, right shoulder rotator cuff syndrome, left shoulder impingement syndrome and depression. According to progress note of March 31, 2015, the injured workers chief complaint was persistent right shoulder and wrist pain. The injured worker rated the pain at 6 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted pain in the right wrist, upper extremity pain right greater than the left. The injured worker had back pain with movement. The right hand with paresthesia at the finger tips. There was tenderness with palpation of the trapezius muscles, global right upper extremity with pain in the right ulnar side of the right wrist increased with deep palpation. The left shoulder showed 20% reduction in flexion and abduction. There was bilateral tenderness of the cervical and trapezius muscles. The wrists showed positive Tinel's testing and carpal compression bilaterally. The shoulders were positive for the Hawkin's-Kennedy impingement, Neer's impingement, empty can sign and Horizontal adduction. The treatment

plan included prescriptions to start Tramadol ER and continue Fenoprofen and Omeprazole. The last UDS reported on 10/12/2010 was reported to show non detection of prescribed opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43,111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioid can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioid can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records did not show that the patient failed treatment with NSAIDs, non opioid co-analgesics and PT. The last documented UDS showed non detection of prescribed Tramadol. There is no documentation of absence of aberrant behavior and functional restoration. The guidelines does not support the prescription of multiple opioid refills because of the requirement to document continual indication and compliance with opioid medications. The criteria for the use of Tramadol ER 150mg #30 with 3 refills was not met. Therefore, the requested treatment is not medically necessary.

Fenoprofen 400mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiac and gastrointestinal complications. The records indicate that the patient reported significant pain relief and functional restoration with utilization of NSAIDs. The criteria for the use of fenoprofen 400mg #60 as needed with 3 refills was met. Therefore, the requested treatment is medically necessary.

Omeprazole 20mg #30 with 3 refills: Overturned

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 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and patients at risk of severe gastrointestinal complications. The records show that the 62 year old is at high risk of gastrointestinal complication because of chronic NSAIDs treatment. The omeprazole was noted to be effective in preventing NSAIDs induced gastrointestinal complication. The criteria for the use of omeprazole 20mg #30 with 3 refills was met. Therefore, the requested treatment is not medically necessary.