

<b>Case Number:</b>	CM15-0095899		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 6/8/2011. He reported repetitive use injury of the left shoulder. The injured worker was diagnosed as having chronic pain syndrome, shoulder joint pain, rotator cuff syndrome, and shoulder region disorders. Treatment to date has included medications, magnetic resonance imaging of the left shoulder, acupuncture, surgery, and physical therapy. The request is for Lunesta, Omeprazole, Tramadol, and Lidopro ointment. On 3/25/2015, he rated his pain to be 5/10 and described his left shoulder pain as aching, sharp and throbbing. He reported his sleep quality as good, and his pain level to have been unchanged since his last visit. On 3/31/2015, he reported sleep difficulties with falling and staying asleep. He complained of left shoulder pain and rated it 4-6/10. He reported at night his pain varies and can be anywhere from 3-8 or 9/10. He stated sleeping pills help but he is hesitant to take. He indicated he has intermittent radiating pain across both shoulders toward his middle back and across his chest. The shoulder revealed no swelling or atrophy and restricted range of motion. The plan of treatment included acupuncture. Current medications: Fenoprofen Calcium, Lidocaine cream, Pantoprazole, Tramadol, and Lunesta. On 4/1/2015, an appeal letter notes he complained of left shoulder and neck pain. He rated his pain as 8/10. He described his pain as aching, stabbing, pressure like, and throbbing. He indicated the pain to radiate into the neck and left arm, and associated with numbness, tingling, and weakness of the hands. Physical examination revealed spasm and tenderness in the neck, and a Spurling's maneuver to cause him pain, but no radicular symptoms noted. The left shoulder revealed no swelling or deformity. Left

shoulder range of motion is restricted with flexion at 130 degrees, extension 40 degrees, abduction 130 degrees, and adduction 40 degrees. Positive Hawkins and Neer tests are noted. The records indicate he had acupuncture in the past with mild relief of pain. The records do not indicate intolerance to oral medications, gastrointestinal issues, or trials of tri-cyclic or SNRI anti-depressants or an AED medications.

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

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

#### **Lunesta 1 mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Eszopicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain, Eszopicolone (Lunesta), Insomnia treatment.

**Decision rationale:** The requested Lunesta 1 mg #30 is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness". The injured worker has left shoulder and neck pain. He rated his pain as 8/10. He described his pain as aching, stabbing, pressure like, and throbbing. He indicated the pain to radiate into the neck and left arm, and associated with numbness, tingling, and weakness of the hands. Physical examination revealed spasm and tenderness in the neck, and a Spurling's maneuver to cause him pain, but no radicular symptoms noted. The left shoulder revealed no swelling or deformity. Left shoulder range of motion is restricted with flexion at 130 degrees, extension 40 degrees, abduction 130 degrees, and adduction 40 degrees. Positive Hawkins and Neer tests are noted. The treating physician has not documented details of current insomnia or sleep hygiene modification attempts, or rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 1 mg #30 is not medically necessary.

#### **Omeprazole DR 20 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risks Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

**Decision rationale:** The requested Omeprazole DR 20 mg #30 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 that "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 left shoulder and neck pain. He rated his pain as 8/10. He described his pain as aching, stabbing, pressure like, and throbbing. He indicated the pain to radiate into the neck and left arm, and associated with numbness, tingling, and weakness of the hands. Physical examination revealed spasm and tenderness in the neck, and a Spurling's maneuver to cause him pain, but no radicular symptoms noted. The left shoulder revealed no swelling or deformity. Left shoulder range of motion is restricted with flexion at 130 degrees, extension 40 degrees, abduction 130 degrees, and adduction 40 degrees. Positive Hawkins and Neer tests are noted. The treating physician has not documented medication-induced GI complaints nor GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole DR 20 mg #30 is not medically necessary.

**Tramadol 150 mg cpm 25-75 #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

**Decision rationale:** The requested Tramadol 150 mg cpm 25-75 #30 is not medically necessary. 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 left shoulder and neck pain. He rated his pain as 8/10. He described his pain as aching, stabbing, pressure like, and throbbing. He indicated the pain to radiate into the neck and left arm, and associated with numbness, tingling, and weakness of the hands. Physical examination revealed spasm and tenderness in the neck, and a Spurling's maneuver to cause him pain, but no radicular symptoms noted. The left shoulder revealed no swelling or deformity. Left shoulder range of motion is restricted with flexion at 130 degrees, extension 40 degrees, abduction 130 degrees, and adduction 40 degrees. Positive Hawkins and Neer tests are noted. 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, or measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 150 mg cpm 25-75 #30 is not medically necessary.

**Lidopro 4.5 % ointment 4.55-27.5%-0.03258%-10%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Lidopro 4.5 % ointment 4.55-27.5%-0.03258%-10% is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has left shoulder and neck pain. He rated his pain as 8/10. He described his pain as aching, stabbing, pressure like, and throbbing. He indicated the pain to radiate into the neck and left arm, and associated with numbness, tingling, and weakness of the hands. Physical examination revealed spasm and tenderness in the neck, and a Spurling's maneuver to cause him pain, but no radicular symptoms noted. The left shoulder revealed no swelling or deformity. Left shoulder range of motion is restricted with flexion at 130 degrees, extension 40 degrees, abduction 130 degrees, and adduction 40 degrees. Positive Hawkins and Neer tests are noted. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidopro 4.5 % ointment 4.55-27.5%-0.03258%-10% is not medically necessary.