

## Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

<b>IMR Case Number:</b>	CM13-0018870	<b>Date of Injury:</b>	08/26/2009
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/30/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
Tramadol HCl ER, Hydrocodone/APAP 2.5, Pantoprazole sodium DR, Naproxen sodium			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

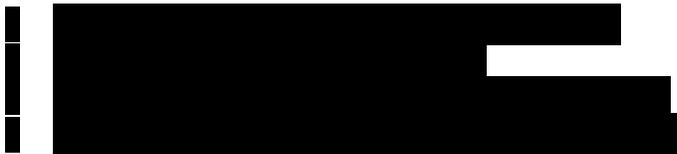
cc: Department of Industrial Relations, [REDACTED]  
dso

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56 year old male injured August 26, 2009. He was pulling a “fiber back” when he tripped and fell backwards, landing on his right shoulder. There was acute onset of pain to the right shoulder. Following course of conservative care of on March 29, 2010, an open rotator cuff repair took place. The patient continued to struggle postoperatively with symptoms for which a second procedure took place in 2011 that did not find evidence of rotator cuff tearing. The patient’s most recent clinical progress report is a handwritten PR-2 Report from July 3, 2013, which noted continued shoulder complaints without formal physical examination findings. The patient’s working diagnosis on that date was of right shoulder revision decompression and capsular release status post prior rotator cuff repair. There was documentation at that date for continuation of physical therapy, as well as medications including Norco, Voltaren, Flexeril, and omeprazole.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. The request for a prescription of tramadol HCl ER 150mg #30 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol, pages 93-94 and 113, which are a part of the MTUS.

The Physician Reviewer’s decision rationale:

Based on California MTUS chronic pain guidelines, tramadol in this case would not be supported. Recent clinical assessment from the treating physician gives no indication of formal physical examination findings, nor does it demonstrate benefit with current medication regimen. The employee’s last surgical procedure was greater than 18 months ago. MTUS chronic pain

guidelines also do not advocate this medication as a first line oral analgesic. There is no current acute indication for continued use of tramadol in absence of documented benefit for formal exam findings. **The request for tramadol HCl ER 150mg is not medically necessary and appropriate.**

**2. The request for a prescription of hydrocodone/APAP 2.5/325mg is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Hydrocodone, pages 78 and 91-92, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California MTUS guidelines, continued use of hydrocodone would not be supported. MTUS chronic pain guidelines advocate monitoring of the 4 A's, (analgesia, activities of daily living, adverse events, and abhorrent behavior) for a patient's narcotic medications. No current drug screen was provided and as stated above, the employee's recent clinical assessment fails to demonstrate physical examination findings or documentation of benefit with use of this short-acting narcotic. The employee is greater than 18 months following time of revision surgery for which rotator cuff tear was not noted. The continued role of this analgesic in absence of physical examination findings or documented benefit would not be supported. **The request for hydrocodone/APAP 2.5/325mg is not medically necessary and appropriate.**

**3. The request for a prescription of pantoprazole sodium DR 20mg #60 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs/GI symptoms, pages 68-69, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California MTUS guidelines, continued use of pantoprazole sodium would not be supported. The guidelines recommend the role of protective proton pump inhibitors for patients at risk of gastrointestinal events or risk factors. This employee's records do not support an underlying diagnosis of a gastrointestinal etiology or indication of NSAID induced symptoms. Continued role of pantoprazole sodium would not be supported. **The request for pantoprazole sodium DR 20mg is not medically necessary and appropriate.**

**4. The request for a prescription of naproxen sodium 550mg #60 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, pages 67-68, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California MTUS guidelines, naproxen would not be supported. Guidelines recommend the role of non-steroidal medication in the lowest dose for the shortest period of time for patients with underlying moderate or severe joint-related complaints. In this case, the employee's surgical process of the shoulder is greater than 18 months ago, with no

documentation of recent physical examination findings or documentation of benefit of the agent in question. The need for continued use of Naprosyn at this stage in the employee's clinical course would not be indicated. **The request for naproxen sodium 550mg is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.