

<b>Case Number:</b>	CM14-0028689		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 6 year old male presenting with left shoulder pain following a work related injury over a period of time from 04/1997 to 01/2011. The claimant was diagnosed with complete rupture of rotator cuff, other affections of shoulder region, pain in the joint, and shoulder region. The physical exam showed tenderness in the cervical paravertebral muscles with spasms, pain with terminal motion with limited range of motion, tenderness in the bilateral shoulders. A claim was made for various medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **120 TABLETS OF NAPROXEN SODIUM 550 MG: 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 NSAIDs Page(s): 67.

**Decision rationale:** Naproxen is a nonsteroidal anti-inflammatory medication. Per the MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical

records do not document the length of time he has been on Naproxen. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. Therefore, Naproxen Sodium 550 MG is not medically necessary.

**120 TABLETS OF CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG: 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 Cyclobenzaprine Page(s): 64.

**Decision rationale:** The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per the MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better (Browning, 2001). As per the MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, Cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine Hydrochloride 7.5 mg is therefore, not medically necessary.

**18 TABLETS OF SUMTRIPTAN SUCCINATE 25 MG: Upheld**

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

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

**Decision rationale:** The official disability guidelines states that triptans are recommended for migraine sufferers. The medical records lack history, physical and diagnostic testing to indicate chronic migraines. Therefore, Sumatriptan Succinate 25 mg is not medically necessary.

**ONDANSETRON ODT 8 MG: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physica Desk Reference.

**Decision rationale:** The Official Disability Guidelines indicates that Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Additionally, continuous long-term treatment by an anti-emetic is not recommended; the medical records do

not document length of time the claimant has been on Ondansetron. With long term use in this case, Ondansetron ODT 8 mg is not medically necessary.

**120 DELAYED RELEASE CAPSULES OF OMEPRAZOLE 20 MG:** 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 NSAIDS Page(s): 67.

**Decision rationale:** The MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. The MTUS does state that NSAIDs are not recommended for long term use as well and if there possible Gastrointestinal (GI) effects of another line of agent should be used for example acetaminophen. There is no documentation of gastrointestinal disorder requiring PPI or the use of NSAID associated gastrointestinal disorder. Omeprazole 20 mg is therefore, not medically necessary.

**90 TRAMEDOL HYDROCHLORIDE 150 MG:** 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 Tramadol Page(s): 83.

**Decision rationale:** Tramadol is a centrally-acting opioid. Per the MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of the MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications. Such as, Tramadol Hydrochloride 150 MG is not medically necessary.

**30 PATCHES OF TEROGIN:** 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to California MTUS, 2009, chronic pain, page 111 the California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, Per the MTUS page 111 states that topical analgesics such as lidocaine are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Per the MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. Such as, 30 Patches of Terocin is not medically necessary.