

<b>Case Number:</b>	CM13-0019569		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Occupational 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain associated with an industrial injury. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, physical therapy, chiropractic manipulative therapy, topical agents, right shoulder surgery on March 11, 2013, and extensive periods of time off of work. A progress note dated August 12, 2013 is notable for comments that the applicant receives refills of Vicodin, Flexeril, Restone, topical compounds, and Prilosec. The applicant is using one to two tablets of Vicodin per day; medications and creams are effective. Muscle spasm is appreciated about the shoulder. In a note dated September 7, 2013, the applicant states that medications are effective as are the creams. The applicant states that the medications decrease the pain level from 6/10 to 2/10. The applicant states that he is now able to clean, cook, and do dressing changes through usage of medications. The applicant is also doing topical applications of heat and cold, and employing a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Flexeril 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is using numerous other analgesic medications, including Vicodin, topical compounds, etc. Adding Flexeril to the mix is not recommended. Therefore, the request is not certified.

**60 Vicodin 5/500mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain effected as a result of ongoing opioid usage. In this case, the applicant meets two of the three aforementioned criteria. While there is no clear-cut evidence of successful return to work, the attending provider has documented reduction in pain scores from 6/10 to 2/10 as a result of Vicodin usage, coupled with increased ability to perform chores around the home, walking, cooking, cleaning, etc. Therefore, the request is certified

**for 60 Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines support the use of proton-pump inhibitors such as Omeprazole in the treatment of NSAID-induced dyspepsia. In this case, the documentation on file does not establish the presence of any active signs or symptoms of dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is noncertified.