

<b>Case Number:</b>	CM13-0022815		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	05/07/2005
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2013

### 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 Internal Medicine and Pulmonary Disease has a subspecialty in 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.

### 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 patient is a 35-year-old male who reported an injury on 05/07/2005 due to a fall. The patient was previously treated with injections and physical therapy. The patient's medication schedule included ibuprofen 800 mg, Skelaxin 800 mg, and Omeprazole 20 mg. The patient has continued pain of the left shoulder, left neck and thoracic region. The patient's pain level is rated 6/10. Physical findings included tenderness to palpation of the left levator scapulae, scalenes, and splenius cervicis and decreased scapular stabilization with range of motion and resisted activities. The patient's diagnoses included cervical disc degeneration, shoulder joint pain, carpal tunnel syndrome, and psychogenic pain nonspecified. The patient's treatment plan included continuation of medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg #60 with five (5) refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and NSAIDS Sections Page(s): s 60,67.

**Decision rationale:** The requested ibuprofen 800 mg #60 with 5 refills is not medically necessary or appropriate. The patient does have chronic pain complaints of the shoulder and

neck area. The California Medical Treatment Utilization Schedule states "A trial should be given of each individual medication." The clinical documentation does indicate that the patient's tramadol was discontinued and replaced with ibuprofen. However, the requested 5 refills does not allow for a trial period to establish the efficacy of this medication. Therefore, ibuprofen 800 mg #60 with 5 refills is not medically necessary or appropriate.

**Skelaxin 800 mg #30 with five (5) refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:**

**Omeprazole 20 mg #30 with five (5) refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:**

**Skelaxin 800 mg #30 with five (5) refills:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Section Page(s): 60.

**Decision rationale:** The requested Skelaxin 800 mg #30 with 5 refills is not medically necessary or appropriate. Clinical documentation submitted for review does indicate that the patient has chronic back pain and shoulder pain. California Medical Treatment Utilization Schedule does support the use of this medication as a second-line option for short-term pain relief. However, California Medical Treatment Utilization Schedule does recommend documentation of increased functional benefits and the assessment of pain response to support the continued use of medications for chronic pain management. The clinical documentation submitted for review does not provide any evidence that the patient has any increased functional benefit as a result of this medication. Therefore, continued use would not be supported by guideline recommendations. As such, the requested Skelaxin 800 mg #30 with 5 refills is not medically necessary or appropriate.

**Omeprazole 20 mg #30 with five (5) refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms & Cardiovascular Risk Sections.

**Decision rationale:** The requested Omeprazole 20 mg #60 with 5 refills is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has chronic pain complaints of the neck and shoulder. It is also noted within the documentation that the patient has been on Omeprazole for an extended duration due to gastritis from previous medication usage. However, California Medical Treatment Utilization Schedule does recommend that the efficacy of medications be established by increased functional benefits and a resolution of symptoms. The clinical documentation submitted for review does not address any gastrointestinal issues that may benefit from the use of this medication. As such, the requested Omeprazole 20 mg #60 with 5 refills is not medically necessary or appropriate.