

<b>Case Number:</b>	CM13-0058016		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation 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 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:

This patient sustained an injury on 6/1/11 while employed by [REDACTED]. The request under consideration includes Prilosec 20 Mg Bid #14, Hydrocodone 2.5mg #28, and Orudis 75mg TID #28. Diagnoses include left shoulder rule out impingement syndrome and right CTS per electromyogram. Report of 8/3/13 from the provider noted the patient with left shoulder pain rated at 3/10 at rest and 7/10 with activities. Exam of left shoulder noted limited flexion and abduction range; weakness with internal rotation and abduction. Report of 10/14/13 noted continued left shoulder and arm pain with associated numbness, worse with activities. The patient had noted gastric distress and heartburn. Exam of left shoulder showed positive orthopedic testing of Neer's and Hawkin's, neck flexion 3.25 inches from chest with limited rotation bilaterally. Treatment plan proposed shoulder arthroscopy with post-operative physical therapy, polar care rental and interferential unit treatment along with medication refills. The request for Prilosec 20 Mg Bid #14, Hydrocodone 2.5mg #28, and Orudis 75mg TID #28 was non-certified on 10/30/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg BID #14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers, none of which apply to this patient. Submitted reports have not described or provided any confirmed GI diagnosis of erosive esophagitis or hypersecretion diseases that meets the criteria to indicate medical treatment in a patient not taking NSAIDs. Review of the records show no documentation of any history, symptoms, and clinical findings to warrant this medication. Prilosec 20mg Bid #14 is not medically necessary and appropriate.

**Hydrocodone 2.5mg #28:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Hydrocodone 2.5mg #28 is not medically necessary and appropriate.

**Orudis 75mg TID #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Ketoprofen (Orudis) is a non-steroidal anti-inflammatory drug. Guidelines states when NSAIDS are used for more than a few weeks, they can retard muscle and connective tissue healing and perhaps cause hypertension; therefore, they should only be used acutely. Submitted reports have not adequately demonstrated support for the ongoing treatment with NSAID medication for this 2011 injury without documented acute flare or new injury especially with noted gastric distress. Orudis 75mg TID #28 is not medically necessary and appropriate.