

<b>Case Number:</b>	CM13-0058465		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 PM&R, has a subspecialty in Interventional Spine 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 patient is a 60-year-old female with a date of injury of 01/15/2010. The listed diagnosis per [REDACTED] dated 11/08/2013 is shoulder pain. According to the report dated 11/08/2013, the patient presents with continued shoulder pain. Examination of the right shoulder reveals restricted movements with flexion limited to 165 degrees and abduction limited to 133 degrees. Hawkin's and Neer's test were both noted as positive. Shoulder crossover and empty can tests were also noted as positive. There was tenderness noted in the bicep groove, glenohumeral joint and subdeltoid bursa. Examination of the left shoulder reveals restricted movement with flexion limited to 160 degrees and abduction limited to 150 degrees. The patient was positive for Hawkin's test, empty can's test, and speed's test. It was noted that patient is taking medications as prescribed, and the medications were "working well".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500 mg #30:** Overturned

**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 Page(s): 22.

**Decision rationale:** The patient presents with bilateral shoulder pain. The treater is requesting Naprosyn for patient's pain and inflammation. Utilization review dated 11/19/2013 modified certification from #60 to #30 stating "Long term daily use has increased risk and there is limited evidence for it". The MTUS Guidelines page 22 has the following regarding anti-inflammatory medications "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume but long term use may not be warranted". In this case, as documented in report dated 11/08/2013, the patient states "that medications are working". In addition, the report goes on to state that the patient is no longer taking Vicodin as it makes her feel nauseated. Given the efficacy of this medication and that the patient is not taking any other medication, the Naprosyn is medically necessary and recommendation is for approval.

**Omeprazole 20 mg #30:** 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.

**Decision rationale:** This patient presents with continued bilateral shoulder pain. The treater is requesting omeprazole 20 mg #30. The MTUS Guidelines states omeprazole is recommended with precautions as indicated below. Clinicians should weigh indications for NSAIDs against both GI and cardiovascular risk factors determining if the patient is at risk for gastrointestinal events, (1) Age is more than 65 years, (2) History of peptic ulcer, GI bleeding, or perforation, 3) Concurrent use of ASA, corticosteroids, and/or an anticoagulant, or (4) High-dose/multiple NSAIDs. The treater does not provide any GI risk assessment and there is no documentation that the patient is having any gastric side effects from the use of Naproxyn. A routine use of omeprazole for prophylaxis without GI risk assessment is not recommended. Recommendation is for denial.

**Norflex 100 mg #30:** 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 Page(s): 63.

**Decision rationale:** This patient presents with continued bilateral shoulder pain. The treater is requesting Norflex 100 mg #30. The MTUS Guidelines page 63 has the following regarding muscle relaxants (for pain) "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations on patient's with chronic pain". MTUS Guidelines do not recommend long term use of muscle relaxants and recommends using 3 to 4 days for acute spasm and no more than 2 to 3 weeks. The requested Norflex #30 is not medically necessary and recommendation is for denial.