

<b>Case Number:</b>	CM14-0023702		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/20/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Neurological Surgery 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:

The injured worker is a 33-year-old female was reportedly injured on May 20, 2012. The mechanism of injury was noted as completing overhead work. The most recent progress note indicated there were ongoing complaints of shoulder and low back pains. The physical examination demonstrated an improving shoulder examination, an improved range of motion, and no neurological losses were identified. Diagnostic imaging studies objectified degenerative changes and a superior labrum anterior posterior (SLAP) lesion. It was noted that the sacral MRI was within normal limits. Electrodiagnostic studies were completed objectifying a lumbar radiculopathy and a peripheral neuropathy. Previous treatment included surgical intervention and postoperative rehabilitative endeavors. A request was made for Prilosec and Mobic which were not certified in the pre-authorization process on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR PRILOSEC 20 MG PO DAILY #80 (2/4/2014):**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

**Decision rationale:** When noting the date of injury, the date of surgery, the findings noted at the time of surgical observation and the fact that there had not been any improvement in overall functionality or a decrease in symptomatology, there is no data presented to suggest any efficacy or utility with the utilization of Prilosec. There were no noted gastrointestinal complaints, and the need of this medication, as a prophylaxis for the non-steroidal, has not been established. Therefore, based on the data presented and the MTUS Chronic Pain Medical Treatment Guidelines, Prilosec is not medically necessary.

**RETROSPECTIVE REQUEST FOR MOBIC 7.5 MG ONE PO BID #60 (2/4/2014):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 72.

**Decision rationale:** When noting the findings on arthroscopy of more degenerative changes that were addressed with surgical intervention, and the fact that there was no change in the overall symptomatology or decrease in the pain complaints, there is no clinical data presented demonstrating the efficacy of the use of this non-steroidal medication, Mobic. As such, there is no clinical indication presented to support the medical necessity of this request per MTUS Chronic Pain Medical Treatment Guidelines.