

<b>Case Number:</b>	CM14-0035205		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 62-year-old who reported an injury on February 16, 2012 due to an unknown mechanism of injury. The injured worker complained of sleep loss due to pain. He also complained of right shoulder pain. On February 5, 2014 the physical examination revealed that there was no bruising, swelling, atrophy, or lesions present at the right shoulder post-surgery. There were no diagnostic studies submitted for review. The injured worker had a diagnoses of right shoulder internal derangement, and loss of sleep. The past treatment included an open right shoulder rotator cuff repair with recurrent tear on July 16, 2013. The injured worker was on the following medications tramadol ER 150mg, Flexeril 7.5mg, omeprazole 20mg, and restone 3/100mg. The current treatment plan is for omeprazole 20mg, one tab two (2) times a day #60, and restone 3/100mg, one (1) tab at hour of sleep as needed #30. The rationale and request for authorization form were no submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg. One tab two (2) times a day # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), Gastrointestinal symptoms and cardiovascular risks Page(s): 68-69.

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

**Decision rationale:** The injured worker has a history of right shoulder pain. The Chronic Pain Medical Treatment Guidelines state that patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI (proton pump inhibitor) use (greater than one year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There was lack of documentation of subjective complaints of gastrointestinal disturbance. The request for the proposed medication is not medically supported at this time. The request for Omeprazole 20 mg, sixty count, is not medically necessary or appropriate.

**Restone 3/100 mg, thirty count,:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Melatonin.

**Decision rationale:** The injured worker has a history of right shoulder pain. The ODG guidelines state that restone (melatonin) is recommended. There is also experimental and clinical data supporting an analgesic role of melatonin (restone). In published studies melatonin (restone) shows potent analgesic effects in a dose-dependent manner, and melatonin (restone) has been shown to have analgesic benefits in patients with chronic pain. Also, the repeated administration of melatonin (restone) improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. The injured worker signs and symptoms medically support this request. The request for Restone 3/100 mg, thirty count, is medically necessary or appropriate.