

<b>Case Number:</b>	CM14-0058675		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 07/18/2013. The mechanism of injury involved a fall. The current diagnoses include shoulder contusion, back contusion, hip contusion, and sprain/strain of the right shoulder and upper arm. The injured worker was evaluated on 04/08/2014. The injured worker reported 6/10 pain in the left shoulder, left upper back, and left lower back. The current medication regimen includes Etodolac and Omeprazole. The physical examination revealed an antalgic gait, full range of motion of the cervical spine, tenderness to palpation of the thoracic spine, painful range of motion of the lumbar spine, decreased range of motion of the lumbar spine, and negative straight leg raising, tenderness to palpation of the left shoulder, positive impingement sign, tenderness of the right shoulder, and painful range of motion of the bilateral shoulders. The treatment recommendations at that time included prescriptions for Etodolac, Lyrica, and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30, prescribed 4/8/14: 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 Page(s): Page 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. The patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**Etodolac 400mg #30, prescribed 4/8/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has utilized this medication since 01/2014 without any evidence of objective functional improvement. The guidelines do not recommend long-term use of NSAIDs. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**Lyrica 25mg #30, prescribed 4/8/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** The California MTUS Guidelines state Lyrica has been documented to be effective in the treatment of diabetic neuropathy and post-herpetic neuralgia. The injured worker does not maintain either of the above-mentioned diagnoses. There is no documentation of neuropathic pain upon physical examination. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.