

<b>Case Number:</b>	CM14-0066186		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Occupational Medicine 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 patient is a 65-year-old man injured on February 25, 2011. This was a request for steroid injection to the left shoulder. There was also a request for one home exercise program, an unknown prescription for Omeprazole and an unknown prescription for Flexeril, and an unknown prescription for Tramadol and an unknown prescription for topical creams. He continued to complain of neck, bilateral shoulder and low back pain all rated as 8 out of 10 on the pain scale. On January 14, 2014, he had decreased range of motion and pain in the cervical spine, the shoulders and the lumbar spine. There were some positive orthopedic tests noted on physical. There was tenderness to palpation at the right and left shoulder muscles and tenderness and spasm at the thoracolumbar paraspinal muscles bilaterally. He was taking Flexeril and Prilosec. The independent review request was signed on May 9, 2014. The patient continued to complain of neck, bilateral shoulder and low back pain. It appeared on April 18, 2014 that a right shoulder arthroscopy was certified as was Norco but Lidoderm patches were not certified. There was an April 29, 2014 primary treating physician's orthopedic follow-up examination. He continued with neck pain rated at eight out of 10 and left shoulder pain rated at eight out of 10 without medicines. He has generalized numbness and a burning sensation overall. The symptoms are more on the left than the right. He applies analgesic patches. Medicines at this time were tramadol, Prilosec and Flexeril. He has had cortisone injections to the left shoulder. A home exercise program was also certified. There was a primary treating physician's orthopedic follow-up from May 27, 2014. He has complaints of neck pain rated at 8 to 9 out of 10; right shoulder pain rated at 8 to 9 out of 10 and left shoulder pain rated as 8-9 out of 10. He has had previous cortisone injections to the left shoulder, which only provided temporary benefit. He needs refills to the medicines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **UNKNOWN PRESCRIPTION FOR OMEPRAZOLE:** 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 8 C.C.R. 9792.20 - 9792.26 Page 68 of 127 Page(s): 68 of 127.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age was more than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. Moreover, the frequency and strength of the prescription is not provided, which is key in determining clinical appropriateness of care. Based on MTUS guideline review, the request for Unknown Prescription for Omeprazole is not medically necessary.

### **UNKNOWN PRESCRIPTION FOR FLEXERIL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 41-42 of 127 Page(s): 41-42 of 127..

**Decision rationale:** The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy only. The effect is greatest in the first 4 days of treatment, again suggesting that shorter courses may be better and so treatment should be brief. Moreover, the addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in a trial of Flexeril in this claimant. Long term use itself is also not supported. Finally, it is being used with other agents, which also is not clinically supported in the MTUS. The request Unknown Prescription for Flexeril is not medically necessary.