MAXIMUS Federal Services

| Case Number: | CM14-0073994 | | |
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| Date Assigned: | 07/16/2014 | Date of Injury: | 09/16/2009 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

## 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 Internal 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 injured worker is a 40 year-old woman with a date of injury of September 16, 2009. She first injured her right shoulder and right upper extremity moving a heavy patient working as an In-Home Support Worker. The initial treating physician provided right subacromial space cortisone injections on December 8, 2010, July 6, 2011, and September 14, 2011. She received a left subacromial space cortisone injection on June 15, 2011. These injections provided temporary relief. She continued to use her home exercise kit at least 2 to 3 times per week. Physical therapy 3 times a week for 2 weeks was approved on October 6, 2012. Pre-op noted dated February 3, 2014 indicated that the injured worker was taking Ibuprofen when necessary for pain. Her past medical history included migraine headaches. Physical examination demonstrated left shoulder active abduction to 106 degrees with positive impingement and a mild pain. Active forward flexion to 170 degrees demonstrated an internal rotation contracture of approximately 10 degrees. Rotator cuff examination is 5/5. Negative belly press, negative upper cut, negative Yergason's. AC and SC joint are non-tender to palpation. Negative gross body adduction joint aggravation maneuvers. Impression: Bilateral subacromial impingement, right greater than left, with adhesive capsulitis and internal rotation contracture refractory to ongoing maximum conservative modalities. Diagnoses: Rotator cuff strains and sprains; Adhesive capsulitis of shoulder. The IW underwent right shoulder arthroscopy on February 11, 2014. Medication at the time of surgery included: Celebrex 200mg, Hydroxychloroquine 200mg, Ibuprofen 800mg, Loratidine 10mg, Omeprazole 20mg, and Temazepam 15mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIs, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, Omeprazole 20 mg #60 is not medically necessary. This is a retrospective review for omeprazole 20 mg #60. Omeprazole is indicated when nonsteroidal anti-inflammatory drugs are prescribed if it is determined the injured worker is at risk for gastrointestinal events. This would include age greater than 65, prior history GI bleeding, peptic disease, concurrent use of aspirin, steroids and anticoagulants or high-dose nonsteroidal anti-inflammatories. In this case, the injured worker was 40 years old at the time of the shoulder arthroscopy. The injured worker was taking Motrin prior to the surgery. There is no clinical indication in the medical records indicating why Omeprazole was prescribed post arthroscopy. Based on the clinical information the medical record in the peer-reviewed evidence-based guidelines, a retrospective review for Omeprazole 20 mg #60 is not medically necessary.

**Hydro/Acet 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Initiating Therapy (74-96 for full discussion Opiates) Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Opiates, Initiating Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, and the ODG, a retrospective review for Hydrocodone/Acetaminophen 10/325 mg #60 is not medically necessary. Opiates are indicated for short-term use provided there is adequate documentation. According to the MTUS guidelines, the use of opiates should be part of a treatment plan that is tailored to the patient. There was no treatment plan in the medical record. A review of the orthopedist's detailed history physical assessment and plan did not discuss an opiate treatment plan. Based on the medical documentation and the peer-reviewed evidence-based guidelines, Hydrocodone/Acetaminophen 10/325 mg #60 is not medically necessary.

**Zaleplon 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, a retrospective review for Zaleplon 10 mg #30 is not medically necessary. Sedative-hypnotics are used for insomnia. The ODG guidelines recommend treatment for insomnia is based on etiology. Failure of sleep disturbance to resolve in a 7-10 day period may indicate psychiatric and/or medical illness. In this case, the orthopedist's detailed pre-procedural note dated February 3, 2013 did not contain any discussion of insomnia or Zaleplon. A list of medications met February 3, 2013 note did mention Temazepam (benzodiazepine) for sleep. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, the Zaleplon 10 mg #30 is not medically necessary.

**Promolaxin (DouSod) #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Opiate Induced Constipation

**Decision rationale:** Pursuant to the Official Disability Guidelines, a retrospective review for Promolaxin #100 is not medically necessary. The Official Disability Guidelines recommended treatment for opiate induced constipation. If prescribing opiates have been determined to be appropriate, then the ODG recommends prophylactic treatment. However, as noted above, the prescription for opiates has not been determined to be appropriate based on the lack of documentation stating the indications or initial treatment plan in the medical record. Ordinarily, prophylactic opiate induced constipation would be addressed while initiating therapy. There is no documentation in the medical record to support this. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, a retrospective review for Promolaxin #100 is not medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Non-Steroidal anti-inflammatory Drugs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, a retrospective review for Naproxen 550 mg #60 is not medically necessary. In this case, the medical record documentation does not support the use of Naproxen. The pre-procedural orthopedist's history, physical, assessment and plan do not discuss or address the indications for Naproxen 550 mg #60 post procedurally. The injured worker was taking Motrin (ibuprofen) pre-procedure. The Official Disability Guidelines recommend nonsteroidal

anti-inflammatory drugs for the shortest period in patients with moderate to severe pain. The injured worker is taking hydrochloroquin (plaquenil); however, the past medical history cited by the treating physician does not provide its indication. The medical record does not contain the appropriate indication for Naproxen and/or any possible risk factors associated with its use. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, a retrospective review for naproxen 550 mg #60 is not medically necessary.