

<b>Case Number:</b>	CM14-0196404		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Rehabilitation 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 male of unknown age with date of injury 10/18/10. The treating physician report dated 10/16/14 indicates that the patient has pain affecting the left shoulder. There are no physical examination findings provided or MRI records. There is an indication that the patient has undergone surgery of his left shoulder previously. Patient is current prescribed the following medication to assist with discomfort: Naprosyn, Flexeril, & Prilosec. The current diagnosis is pain in Joint and Shoulder Region. The utilization review report dated 10/30/14 denied the request for Voltaren and Prilosec based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren ER 100mg #180, 6 months supply to be dispensed on 4/17/15:** Overturned

**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 Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents with shoulder pain. The treating physician note dated 10/16/14 states, "He continues to have daily discomfort that responds well to the Naprosyn, Flexeril, and Prilosec. Unfortunately the Naprosyn is starting to cause the NSAID induced

dyspepsia despite Prilosec. I am going to change it to Voltaren ER and see if that works better for him." The MTUS Guidelines page 22 supports the use of NSAID as a first-line of treatment for chronic pain. In this case, the treating physician is discontinuing Naprosyn and is initiating a trial of Voltaren ER. The current request is medically necessary and is supported by MTUS. Therefore the request is medically necessary.

**Prilosec 20mg #180, 6 months supply to be dispensed on 4/17/15: Overturned**

**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 NSAIDs Page(s): 69.

**Decision rationale:** The patient presents with shoulder pain. The treating physician note dated 10/16/14 states, "He continues to have daily discomfort that responds well to the Naprosyn, Flexeril, and Prilosec. Unfortunately the Naprosyn is starting to cause the NSAID induced dyspepsia despite Prilosec. I am going to change it to Voltaren ER and see if that works better for him." The MTUS guidelines support the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. In this case the treating physician has indicated that the patient has been suffering with gastric side effects and requires Prilosec. The patient's NSAID is being changed in an attempt to reduce the dyspepsia further. The current request is supported by the MTUS guidelines as the patient is currently suffering with dyspepsia while taking NSAIDs. Therefore the request is medically necessary.