

<b>Case Number:</b>	CM14-0206448		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 40 year old female who was injured on 11/7/2014. The diagnoses are left shoulder rotator cuff strain, myofascial pain syndrome, peripheral neuropathy, low back and shoulder pain. The past surgery history is significant for left shoulder decompression and rotator cuff surgery in 2014. On 10/8/2014, Dr. [REDACTED] noted subjective complaint of a pain score rated at 7/10 with OTC Advil. The patient reported symptoms consistent with anxiety and depression. The patient completed PT. There were objective findings of tenderness and decreased range of motion of the left shoulder. There are pending MRI and EMG investigations. The medications listed are Tylenol #3, Naproxen, Prilosec, Flexeril and Ketoprofen cream. A Utilization Review determination was on 11/3/2014 recommending non certification for Naproxen 550mg #90, Flexeril 7.5mg #90 and Prilosec 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of naproxen 550mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of severe musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The records indicate that the patient had subjective and objective findings consistent with severe musculoskeletal pain. There is documentation of inadequate pain relief with utilization of OTC Advil. The criteria for the trial use of Naproxen 550mg #90 were met.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis in patients at high risk of NSAIDs induced gastritis. The records did not indicate that the patient had a history of gastrointestinal disease or gastritis associated with past use of Naproxen or OTC Advil. The criteria for the use of Prilosec 20mg # 30 were not met.

**Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of severe exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records did not show that the patient had failed prescribed NSAIDs treatment and PT. There is no documentation of subjective or objective findings consistent with intractable muscle spasm. The criteria for the use of Flexeril 7.5mg # 90 were not met.