

<b>Case Number:</b>	CM15-0102442		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	03/09/2001
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker (IW) is a 66-year-old female who sustained an industrial injury on 03/09/2001. Diagnoses include coccygeal pain; cervical spine musculoligamentous sprain; biceps tendinitis, shoulders; and bilateral carpal tunnel syndrome. Treatment to date has included medications, activity modification and home exercise. According to the PR2 dated 4/17/15 the IW reported she slipped and fell in the shower on 4/4/15 resulting in contusions on the right shoulder and the right side of her body. She stated x-rays were negative for fractures. She complained of continued pain in the neck, the bilateral shoulders and the bilateral wrists. The pain radiated from the upper extremities down to her hands with associated numbness and tingling in the hands. She rated her pain 8/10 and indicated her ability to perform activities of daily living was 35% of normal. Her pain medication improved her symptoms by 60%. On examination there was tenderness over the cervical paravertebral and trapezius muscles, over the biceps tendons of the bilateral shoulders and over the bilateral wrists. Spasms were present in the cervical paraspinals and the trapezius muscles. Finkelstein's test was positive at the wrists and straight leg raise test produced pain in the sacral and coccygeal area, which was tender to palpation. Medications included topical Flurbiprofen/Menthol/Capsaicin, Hydrocodone, Colace and Omeprazole. A request was made for Docusate 100mg, #60 and Omeprazole 20mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate 100 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/mtn/colace.html](http://www.drugs.com/mtn/colace.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for docusate, California Pain Medical Treatment Guidelines support the prophylactic treatment of constipation for patients undergoing treatment with opioids. Within the documentation available for review, opioids were certified for the purpose of weaning and there was no indication of any complaints of constipation. As it appears that opioids will not be utilized going forward and the patient does not currently complain of constipation, there is no clear indication for this medication currently. In light of the above issues, the currently requested docusate is not medically necessary.

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.