

<b>Case Number:</b>	CM15-0104913		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

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 is a 55 year old female, who sustained an industrial injury on April 2, 2012. The injured worker was diagnosed as having left shoulder status post manipulation under anesthesia with arthroscopic capsular release, subacromial decompression, rotator cuff repair, and decompression of the biceps sheath, cervical thoracic strain/arthrosis with central foraminal stenosis, and doubt of significant intrinsic right shoulder pathology. Treatment to date has included left shoulder surgery, home exercise program (HEP), and medication. Currently, the injured worker complains of neck pain, left greater than right, radiating down the left arm into the fingers, with an achy feeling from the neck down to her lower left extremity. The Primary Treating Physician's report dated April 8, 2015, noted the injured worker with negative tenderness to palpation of the cervical spine, with a positive Spurling's test bilaterally, and left shoulder anterior tenderness to palpation with decreased range of motion (ROM) and positive Neer's and Hawkin's tests. The treatment plan was noted to include refill of the medications including Hydrocodone, Omeprazole, and Ibuprofen cream, with continued home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Enova RX- Ibuprofen 10 % 60gm:** 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in April 2012 and continues to be treated for radiating neck pain. When seen, there was left shoulder tenderness with positive impingement testing. There was decreased shoulder range of motion. There was cervical spine tenderness with positive Spurling's testing. There had been minimal improvement with a home exercise program. Shoulder surgery was being considered. Ibuprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of ibuprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and therefore this medication was not medically necessary.

**Omeprazole 20 mg #60 with 1 refill:** 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 NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work-related injury in April 2012 and continues to be treated for radiating neck pain. When seen, there was left shoulder tenderness with positive impingement testing. There was decreased shoulder range of motion. There was cervical spine tenderness with positive Spurling's testing. There had been minimal improvement with a home exercise program. Shoulder surgery was being considered. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of omeprazole was not medically necessary.

**Hydrocodone 5/325 mg #60:** 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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in April 2012 and continues to be treated for radiating neck pain. When seen, there was left shoulder tenderness with positive impingement testing. There was decreased shoulder range of motion. There was cervical spine tenderness with positive Spurling's testing. There had been minimal improvement with a home exercise program. Shoulder surgery was being considered. Hydrocodone/acetaminophen is a

short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, continued prescribing was not medically necessary.