

<b>Case Number:</b>	CM15-0105789		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/15/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Emergency Medicine

### 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 31 year old male who sustained an industrial injury on 03/15/2014. He reported feeling a popping and pulling sensation and immediate pain in his right shoulder. The injured worker was diagnosed as having right shoulder sprain strain, possible significant right shoulder instability, and possible internal derangement of the right shoulder. Treatment to date has included medications for pain and inflammation, medications for protection of the stomach and gastrointestinal system, and muscle relaxants. Currently, the injured worker complains of constant pain and stiffness in the right shoulder. On exam, there is tenderness over the right proximal humerus, trapezius and levator scapula. A positive relocation and apprehension test are noted. Range of motion is decreased and there is significant weakness in all planes. The worker currently takes Ultram, Flexeril, Prilosec and Zanaflex. The treatment plan is to continue these medications. A request for authorization is made for Ibuprofen 800mg #60 with 3 refills, Flexeril 7.5mg #60 with 3 refills and Prilosec 20mg #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Ibuprofen 800mg #60 with 3 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has constant pain and stiffness in the right shoulder. On exam, there is tenderness over the right proximal humerus, trapezius and levator scapula. A positive relocation and apprehension test are noted. Range of motion is decreased and there is significant weakness in all planes. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 800mg #60 with 3 refills, is not medically necessary.

**Flexeril 7.5mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Flexeril 7.5mg #60 with 3 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has constant pain and stiffness in the right shoulder. On exam, there is tenderness over the right proximal humerus, trapezius and levator scapula. A positive relocation and apprehension test are noted. Range of motion is decreased and there is significant weakness in all planes. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5mg #60 with 3 refills, is not medically necessary.

**Prilosec 20mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The requested Prilosec 20mg #30 with 3 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low- dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has constant pain and stiffness in the right shoulder. On exam, there is tenderness over the right proximal humerus, trapezius and levator scapula. A positive relocation and apprehension test are noted. Range of motion is decreased and there is significant weakness in all planes. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg #30 with 3 refills, is not medically necessary.