

<b>Case Number:</b>	CM15-0106050		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/04/2015
<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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 61 year old male, who sustained an industrial injury on October 12, 2012. The injured worker reported an injury to his right shoulder and was diagnosed with rotator cuff syndrome and shoulder sprain. Treatment to date has included MRI of the lumbar spine, MRI of the right shoulder, MRI of the kidneys, medications, topical cream, cold/heat therapy, activity modification, physical therapy, home exercise program, acupuncture and steroid injection. Currently, the injured worker complains of right shoulder pain with overhead reaching and overhead work. He reported that a previous cortisone injection in the right shoulder provided transient relief. He describes the pain as constant and rates it a 6-7 on a 10-point scale. He reports pain in the neck with radiation of the pain to the bilateral arms. He indicates that the neck pain is aggravated with lifting. The diagnoses associated with the request include right shoulder tendinitis, impingement and labral tear confirmed by MRI, left shoulder sprain/strain, and cervical spine sprain/strain. The treatment plan includes right shoulder arthroscopic surgery with subacromial decompression, pre-operative cardiac clearance, continuation of acupuncture and Ultram, Voltaren XR, Prilosec and Fexmid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 capsules of Prilosec 20mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

**120 tablets of Fexmid 7.5mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**Decision rationale:** Fexmid (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to the reviewed literature, Fexmid is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment and it is not recommended for longer than 2-3 weeks. According to the CA MTUS guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

**120 tablets of Ultram extended release 150mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, 4 A's Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since

last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**60 tablets of Voltaren XR 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** According to California MTUS Guidelines, oral NSAIDs, such as Voltaren (Diclofenac), are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to the ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Physicians should measure transaminases periodically in patients receiving long-term therapy with Voltaren. In this case, there is no documentation of functional benefit in the past. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.