

<b>Case Number:</b>	CM15-0107204		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 72 year old female, who sustained an industrial injury on 4/30/01. The injured worker was diagnosed as having right lateral epicondylitis, traumatic musculoligamentous strain of the cervical spine, recurrent tear of the rotator cuff partial to complete tear, and status post right shoulder surgery. Treatment to date has included epidural steroid injections, a home exercise program, and medication. Pain on 2/13/15 was rated as 9/10 without medication and 6-7/10 with medication. Pain on 4/17/15 was rated as 9/10 without medication and 6/10 with medication. The injured worker had been taking Ibuprofen and Tylenol No. 3 since at least 2/13/15. The injured worker had been taking Omeprazole since at least 9/3/14. Currently, the injured worker complains of right shoulder pain and tinging and numbness in bilateral hands. Pain in the cervical spine was also noted. The treating physician requested authorization for Ibuprofen 800mg #60, Omeprazole 20mg #60, and Tylenol No. 3 #20. The treatment plan included right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tabs Ibuprofen 800 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 800 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are right shoulder partial rotator cuff tear; right shoulder bicipital tenosynovitis; right shoulder labral tear; right shoulder osteoarthritis; right shoulder internal derangement. The earliest progress note documenting ibuprofen 800 mg is dated January 13, 2015. This is the earliest progress note and not necessarily the start date. The start date for ibuprofen is not indicated in the medical record. The most recent progress note is dated April 17, 2015. The injured worker continues to complain of 9/10 pain in the right shoulder and elbow. There is no subjective improvement. There is no objective functional improvement. Additionally, non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no documentation of attempted weaning or a reduction in the ibuprofen strength or frequency. Consequently, absent clinical documentation with objective functional improvement, subjective functional improvement based on the VAS pain scores and a reduction in dose or attempted weaning, ibuprofen 800 mg #60 is not medically necessary.

**60 Tabs Omeprazole 20 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are right shoulder partial rotator cuff tear; right shoulder bicipital tenosynovitis; right shoulder labral tear; right shoulder osteoarthritis; right shoulder internal derangement. The earliest progress note documenting Omeprazole is

dated January 13, 2015. This is the earliest progress note in the medical record and not necessarily the start date. The documentation indicates Omeprazole was prescribed for G.I. prophylaxis. There is no past medical history or comorbid conditions compatible with history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Additionally, Omeprazole is indicated at 20 mg once daily. The treating provider prescribed Omeprazole 20 mg #60 (this translates to one tablet twice per day). Omeprazole b.i.d. is not clinically indicated. Consequently, absent clinical documentation with risk factors and or comorbid conditions for gastrointestinal events and improper dosing of Omeprazole b.i.d., Omeprazole 20 mg #60 is not medically necessary.

### **30 Tabs Tylenol #3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #3, #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right shoulder partial rotator cuff tear; right shoulder bicipital tenosynovitis; right shoulder labral tear; right shoulder osteoarthritis; right shoulder internal derangement. The earliest progress note documenting Tylenol #3 is dated January 13, 2015. This is the earliest progress note in the medical record and not necessarily the start date. The most recent progress note in the medical record is dated April 17, 2015. The injured worker continues to have ongoing right shoulder and elbow pain 9/10. There is no documentation indicating objective functional improvement with ongoing Tylenol #3. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation of an attempt to wean Tylenol #3. Consequently, absent clinical documentation evidencing objective functional improvement, subjective functional improvement with ongoing Tylenol #3, risk assessments, detailed pain assessments and an attempt to wean the opiates, Tylenol #3, #30 is not medically necessary.