

Case Number:	CM15-0016284		
Date Assigned:	02/04/2015	Date of Injury:	02/13/2014
Decision Date:	04/09/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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 56-year-old male who sustained a work related injury on 02/07/14. He reports right shoulder pain, with restricted range of motion. Diagnoses include right shoulder sprain/strain, right elbow medial epicondylitis, and right wrist pain. Treatments to date include medications. In a progress note dated 12/08/14 the treating provider recommends surgical consultation, home exercise program, Norco, ibuprofen, Prilosec, and Fioricet. On 01/15/15, Utilization Review non-certified the ibuprofen and Prilosec, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ibuprofen 800mg #60 12/8/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines chronic pain Page(s): 67 and 69. Decision based on Non-MTUS Citation Up to date topic 9682 and version 145.0.

Decision rationale: The guidelines state that Motrin and NSAID's in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects. NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. In a review in the shoulder section of the AECOM it states that invasive techniques have limited proven value. If pain with elevation causes significant limitation in activity then sub acromial injection with a local anesthetic and steroid preparation may be attempted after 2 to 3 weeks of conservative treatment with shoulder strengthening exercises and NSAID treatment. Treatment indications include such entities as ankylosing spondylitis, osteoarthritis, rheumatoid arthritis, acute gout, dysmenorrhea, acute tendinitis and bursitis, and acute migraine. In this particular patient the patient is already taking Norco and Fioricet for pain control. In general, NSAID's should be given for acute treatment and not on a chronic basis for treatment. There is no evidence in the records as to why Motrin should be given in addition to the Norco. Therefore, the UR was justified in its decision.

Retro Prilosec 20mg 12/8/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 68 and 69. Decision based on Non-MTUS Citation Up to date topic 9718 and version 134.0.

Decision rationale: Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. In this patient Motrin has been denied and there is no need for Prilosec treatment. Also, the medical records do not enumerate any of the above factors which would necessitate the addition of Prilosec to an NSAID medicine.