

<b>Case Number:</b>	CM15-0132144		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	01/03/2009
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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 33 year old male, who sustained an industrial injury on January 3, 2009. The injured worker was diagnosed as having history of work related injury to the left shoulder, status post left shoulder diagnostic and operative arthroscopy in 2011, and status post revision arthroscopy of the left shoulder on April 25, 2014. Treatments and evaluations to date have included electromyography (EMG)/nerve conduction velocity (NCV), home exercise program (HEP), left shoulder surgeries, physical therapy, MRIs, and medication. Currently, the injured worker complains of achiness, stiffness, pain, and discomfort in the left shoulder, with numbness and tingling that radiates down to his left upper extremity. The Treating Physician's report dated June 8, 2015, noted the physical examination of the left shoulder with a well-healed arthroscopic portals, and stiffness and pain at the end ranges of range of motion (ROM), with strongly positive provocative Neer and Hawkins impingement signs. The injured worker was noted to be permanent and stationary as of October 2, 2014. The treatment plan was noted to include a left shoulder Kenalog injection that the injured worker was noted to tolerate well, a request for evaluation and treatment with pain management as the injured worker continues to experience pain, and medications including Prilosec and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and treatment with pain management doctor:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, the patient has had continued left shoulder pain and numbness and tingling in the left upper extremity after conservative therapy and surgery x 2. The requesting physician noted that long-term therapy for controlling the patient's pain was beyond his scope of practice. Based on the guidelines, medical necessity for the request for evaluation and treatment with a pain management physician has been established. The requested consultation is medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient has had any GI symptoms or risk factors. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Prilosec 20mg #30. The requested medication is not medically necessary.

**Flexeril 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic anti-depressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, Flexeril has been prescribed since at least February 3, 2015. The available records show that the patient has not shown a documented benefit or any functional improvement from prior Flexeril use. In addition, there is no clinical indication presented for the chronic or indefinite use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.