

<b>Case Number:</b>	CM15-0142251		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 44-year-old female, who sustained an industrial injury on October 1, 2012. She reported severe right shoulder pain. The injured worker was diagnosed as having history of right shoulder strain, residual right shoulder pain, residual right shoulder capsulitis, status post right shoulder arthroscopy with subacromial decompression and right shoulder arthroscopy with debridement of the rotator cuff on November 18, 2013 and status post right shoulder manipulation and steroid injection under anesthesia on February 24, 2014. Treatment to date has included diagnostic studies, radiographic imaging, and surgical intervention of the right shoulder, right shoulder steroid injection, physical therapy, medications and work restrictions. Currently, the injured worker continues to report severe neck, back, right elbow and right shoulder with decreased range of motion. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 3, 2014, revealed continued right shoulder pain and painful range of motion. She reported nearly having panic attacks with physical therapy secondary to severe pain. She reported minimal progress with physical therapy. Evaluation on November 15, 2014, revealed continued pain in the right shoulder, neck, right elbow and back. Magnetic resonance imaging (MRI) of the right shoulder on December 21, 2012, revealed a partial tendon tear with a mild fiber retraction, mild arthrosis and mild lateral down sloping type 1 acromion. She rated her right shoulder pain at 9 on a 1-10 scale with 10 being the worst. She reported it was 2x as bad as it was before the surgery. Her elbow pain was rated at 8 on a 1-10 scale with 10 being the worst. She noted completely disrupted sleep for 3-5 hours per night.

Evaluation on January 7, 2015, revealed continued pain. It was noted she had a diagnosis of gastritis however there was no description of gastrointestinal problems or symptoms. Evaluation on April 1, 2015, revealed continued pain as noted. She rated her pain at 8 on a 1-10 scale with 10 being the worst. She noted the pain improved to a 7 on a 1-10 scale with 10 being the worst with medications. Constipation was diagnosed however there was no noted gastrointestinal symptoms or indication of gastrointestinal problems. Evaluation on May 13, 2015, revealed continued pain. Prilosec was ordered however, there was no gastrointestinal system assessment noted and no indication of gastrointestinal upset or problems. Evaluation on June 24, 2015, revealed continued pain as noted. Fenoprofen 400mg #60 and Omeprazole 20mg #60 (6/24/15) were requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fenoprofen 400mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** Regarding the request for fenoprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific objective functional improvement and only minimal pain relief is reported with medication use. In light of the above issues, the currently requested fenoprofen is not medically necessary.

**Omeprazole 20mg #60 (6/24/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI, NSAIDs, GI symptoms and cardiovascular risk.

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

**Decision rationale:** Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.