

<b>Case Number:</b>	CM15-0187842		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old female who sustained a work-related injury on 3-29-11. Medical record documentation on 8-14-15 revealed the injured worker was being treated for carpal tunnel syndrome, cervicgia and disorders of the bursae and tendons in the shoulder region. She reported that her symptoms remain the same since her previous visit with more pain in the right shoulder for the previous three weeks with mild numbness and tingling. She had radiation of pain to the right arm and had associated numbness, tingling and weakness in the hands. She rated her pain a 7 on a 10-point scale at the time of evaluation (no change from 7-17-15). Objective findings included full range of motion of the cervical spine, right shoulder forward flexion to 85 degrees, abduction to 80 degrees, external-internal rotation to 40 degrees and extension to 10 degrees. She had tenderness to palpation over the right shoulder. She had a positive Yergason's test. Her motor strength was 5-5 and symmetric in the bilateral upper extremities except 4 - +5 in the bilateral grip strengths. Her medications included Nabumetone 500 mg, gabapentin 600 mg (since at least 3-20-15), Flexeril 7.5 mg (since at least 1-30-15) and Omeprazole 20 mg (since at least 1-30-15). An MRI of the right shoulder performed 7-31-15 revealed tendinosis of the rotator cuff tendons. A urine drug screen on 7-17-15 was consistent with the injured worker's medication regimen. A request for Nabumetone 500 mg #60, Omeprazole 20 mg #60 and Flexeril 7.5 mg #60 was received on 8-28-15. On 9-8-15, the Utilization Review physician determined Nabumetone 500 mg #60, Omeprazole 20 mg #60 and Flexeril 7.5 mg #60 were not medically necessary based on California Medical Treatment Utilization Schedule and Official Disability Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Nabumetone 500mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2011 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The 60 tablets of Nabumetone 500mg are not medically necessary and appropriate.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Online Edition, 2015 Chapter: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication prescribed since at least 1-30-15. The 60 capsules of Omeprazole 20mg are not medically necessary and appropriate.

**60 tablets of Flexeril 7.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2011 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use since at least January 2015. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The 60 tablets of Flexeril 7.5mg are not medically necessary and appropriate.