

<b>Case Number:</b>	CM15-0203215		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female who sustained an industrial injury on 3-6-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left rotator cuff sprain, bicipital tenosynovitis, lateral epicondylitis and radial tunnel syndrome. According to the progress report dated 9-9-2015, the injured worker was seen for evaluation of her right shoulder following her arthroscopic subacromial decompression. She complained of having a lot of pain with physical therapy. It was noted that her medications allowed her to function at her current level. Per the treating physician (9-9-2015), the injured worker was not currently working. Objective findings (9-9-2015) revealed tenderness over the lateral epicondyle and the radial tunnel. Treatment has included physical therapy, home exercise program, left shoulder arthroscopy (4-3-2015) and medications. On 3-2-2015, the injured worker reported that Naprosyn was causing non-steroidal anti-inflammatory drug induced dyspepsia; the plan was to change to Voltaren ER and add Prilosec. Current medications (9-9-2015) included Nabumetone, Omeprazole and Tylenol with codeine (since at least 4-2015). The patient sustained the injury when her arm got caught in a packing machine. The patient's surgical history includes right shoulder surgery on 4/3/15. The patient has had MRI of the cervical spine on 1/16/15 that revealed disc protrusions, and degenerative changes. A recent urine drug screen report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30: Overturned**

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

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

**Decision rationale:** Prilosec 20mg #30. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (1) Age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient is taking Relafen at present. The patient has had a history of non-steroidal anti-inflammatory drug induced dyspepsia. There is history of significant GI symptoms, along with NSAID use. The request for Prilosec 20mg #30 is medically necessary and appropriate for this patient.

**Relafen 500mgm #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Relafen 500mgm #60. Relafen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, 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. The patient is having chronic pain and is taking Relafen for this injury. The patient had diagnoses of left rotator cuff sprain, bicipital tenosynovitis, lateral epicondylitis and radial tunnel syndrome. She complained of having a lot of pain with physical therapy. It was noted that her medications allowed her to function at her current level. Objective findings (9-9-2015) revealed tenderness over the lateral epicondyle and the radial tunnel. The patient's surgical history includes right shoulder surgery on 4/3/15. The patient has had MRI of the cervical spine on 1/16/15 that revealed disc protrusions, and degenerative changes NSAIDs like Relafen are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. The request for Relafen 500mgm #60 is deemed medically appropriate and necessary in this patient.

**Tylenol #3 #50: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Tylenol #3 #50 this is an opioid analgesic. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications (antidepressants/anticonvulsants), without the use of opioids, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol #3 #50 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.