

<b>Case Number:</b>	CM15-0205008		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, North Carolina  
 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:

The injured worker is a 50 year old female, who sustained an industrial-work injury on 10-25-13. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having right shoulder sprain-strain, cervicgia, rotator cuff capsule strain, unspecified disorder of the muscle ligament and fascia, disorders of the bursae and tendon of the shoulder and pain in joint. Treatment to date has included medication, surgery (right shoulder arthroplasty with subacromial decompression on 3-30-15), physical therapy, and diagnostics. Currently, the injured worker complains of right shoulder pain rated 6 out of 10, dull, better with medication. Medication included Motrin and Tramadol. She had felt funny on the Tramadol and it was changed to Lidocaine patches 5% and start on Prilosec. Motrin has been ordered since at least 5-12-15. She is on job restrictions (modified duty). Physical therapy is asking for an extension to improve the condition of the right shoulder. Per the orthopedic progress report (PR-2) on 9-28-15, exam noted tenderness over the AC (acromioclavicular) joint, decreased range of motion, positive Neer's and Hawkin's tests. Current plan of care includes chiropractic care due to neck pain with range of motion, medications, and return visit. The Request for Authorization requested service to include Motrin 800mg, #90 with 2 refills, Prilosec 20mg, #30 with 2 refills, and Lidocaine patches 5%, x1 box. The Utilization Review on 10-16-15 denied the request for Motrin 800mg, #90 with 2 refills, Prilosec 20mg, #30 with 2 refills, and Lidocaine patches 5%, x1 box, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg, #90 with 2 refills:** Upheld

**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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to MTUS Guidelines, NSAIDs like Ibuprofen are indicated for the relief of pain related to osteoarthritis and back pain at the lowest dose for the shortest period of time. In this case, there is no documentation of pain relief or increased function specifically due to ibuprofen. There is no evidence of inflammation as the cause of the patient's pain. Further, there is no plan of treatment to use the medication at the lowest dose for the shortest period of time. Therefore the request is not medically necessary or appropriate.

**Prilosec 20mg, #30 with 2 refills:** Upheld

**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:** The request is for Prilosec, a proton pump inhibitor (PPI) used to treat GI complaints and as a prophylactic agent in patients taking NSAIDs who have increased risk for GI events. GI risk factors include age over 65 years, history of GI hemorrhage, PUD or perforation, concomitant use of ASA, corticosteroids or anticoagulants, and use of high dose/multiple NSAIDs. In this case the patient has no documentation of risk factors for adverse GI events. Therefore the request for Prilosec is not medically necessary or appropriate.

**Lidocaine patches 5%, x1 box:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety and efficacy. There is little to no research to support the use of many of these agents. Lidocaine patches are primarily recommended for neuropathic pain, such as post-herpetic neuralgia, which this patient does not have. There is no documentation of failure of first-line agents (antidepressants, anticonvulsants for neuropathic pain as required by guidelines). Therefore the request is not medically necessary or appropriate.