

<b>Case Number:</b>	CM15-0206214		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/14/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Arizona, 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:

The injured worker is a 63 year old male who sustained an industrial injury on January 14, 2015. The worker is being treated for: right shoulder injury, pain and back pain; right elbow pain; right shoulder tear, and right elbow lateral epicondylitis. Subjective: August 12, 2015, March 04, 2015, he reported right shoulder pain. May 04, 2015 he states "continuous right shoulder pain is radiating and throbbing; right elbow pain with tingling; and continuous back pain throbbing." June 04, 2015 he states "condition has improved since last visit." He's experienced decreased pain frequency and intensity. Objective: March 04, 2015, the treating physician noted the worker had sought care from another orthopedic provider who referred for MRI of right shoulder and offered therapy "significant amount of water." There is noted discussion that the patient is to decide which provider he will choose for his care. August 12, 2015, cervical spine noted myospasm over the scalene and sternocleidomastoid, right with decreased range of motion. The right shoulder noted positive empty can test and drop arm test. Right elbow noted WNL. Medications: May 04, 2015: currently "taking medications as prescribed at prior visit, using creams." He was prescribed this visit: Glucosamine sulfate, and Omeprazole. August 12, 2015: Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 15% 150GM, Flurbiprofen 20% and Lidocaine 6.165% 150GM compound creams. June 04, 2015: Tizanidine, Glucosamine, Omeprazole, and Tylenol ES. Diagnostics: MRI right shoulder June 04, 2015 noted bilateral shoulders tender over AC joint and biceps tendon, right and left side benign. Empty pop can test noted positive on right and range of motion is limited with pain, right. Treatments: activity modifications, topical creams, medication, physical therapy. On September 25, 2015 a request was made for Baclofen

10mg #90, and Omeprazole 20mg #30 that were noncertified by Utilization Review on October 06, 2015.

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

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

#### **Baclofen 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to the guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the claimant does not have the above diagnoses. The claimant had previously used Tizanidine. Long-term use of muscle relaxants is not recommended. Therefore, the continued use of Baclofen is not medically necessary.

#### **Omeprazole DR 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, pg 116.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Omeprazole for several months and long-term use is not indicated. Therefore, the continued use of Omeprazole is not medically necessary.