

<b>Case Number:</b>	CM15-0207026		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: 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 51 year old female who sustained an industrial injury on February 25, 2014. The worker is being treated for: adhesive capsulitis and fibrosis, synovitis, and capsular contracture. Subjective: June 25, 2014 she reported "constant moderate to moderately severe pain and stiffness in the left shoulder." October 05, 2015 she reported headache with pain radiating from neck to left upper extremities with associated weakness. There is noted compensatory right shoulder pain now indicated. Objective: June 25, 2014: "not currently taking medications." October 06, 2015 noted the patient with residual spasms and trigger points and loss of range of motion. Medications: September 18, 2015: Norco 10mg 325mg, Fenoprofen, Prilosec, Flexeril. October 06, 2015: noted discontinuing Fenoprofen and initiating OTC NSAID, Prilosec, Flexeril, Norco. Diagnostics: MRI. Treatments: activity modifications, surgical intervention shoulder, physical therapy including multiple pre-operative sessions, home exercise program, intense nerve block, pending Authorization for TENS unit. On October 05, 2015 a request was made for Fenoprofen 400mg BID #60, Prilosec DR 20mg #60, and Flexeril 7.5mg #30 which were noncertified by Utilization Review on October 09, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec DR 20mg 1-2/day #60: 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:** This patient receives treatment for chronic pain of the neck and left shoulder. The patient problems date back to an industrial claim related to repetitive motion on the job on 2/25/2014. The patient had conservative therapy at first with Motrin and physical therapy. The patient had a surgical procedure and a scalene nerve block. A shoulder MRI showed a supraspinatus tendinitis and a SLAP lesion. The patient had a laparoscopic capsule release. On exam there is tenderness to palpation on the L shoulder and a loss of ROM. This review addresses a request for Prilosec DR 20 mg 1-2 daily #60. Prilosec is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Prilosec is not medically necessary.

**Flexeril 7.5mg #30:** Upheld

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

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

**Decision rationale:** This patient receives treatment for chronic pain of the neck and left shoulder. The patient problems date back to an industrial claim related to repetitive motion on the job on 2/25/2014. The patient had conservative therapy at first with Motrin and physical therapy. The patient had a surgical procedure and a scalene nerve block. A shoulder MRI showed a supraspinatus tendinitis and a SLAP lesion. The patient had a laparoscopic capsule release. On exam there is tenderness to palpation on the L shoulder and a loss of ROM. This review addresses a request for Flexeril 7.5 mg #30. This patient receives treatment for chronic shoulder and neck pain. Flexeril is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Flexeril over the long-term (more than 2-3 weeks) is not recommended clinical studies show that side effects become more common. Side effects include sedation and medication dependence. Flexeril is not medically necessary.

**Fenoprofen 400mg BID #60:** Upheld

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

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

**Decision rationale:** This patient receives treatment for chronic pain of the neck and left shoulder. The patient problems date back to an industrial claim related to repetitive motion on the job on 2/25/2014. The patient had conservative therapy at first with Motrin and physical therapy. The patient had a surgical procedure and a scalene nerve block. A shoulder MRI showed a supraspinatus tendinitis and a SLAP lesion. The patient had a laparoscopic capsule release. On exam there is tenderness to palpation on the L shoulder and a loss of ROM. This review addresses a request for Fenoprofen 400 mg #60. NSAIDs are recommended as one of the treatment options for the short-term management of musculoskeletal pain. In the clinical setting of chronic shoulder pain, NSAIDs are best suited to treat exacerbations of chronic pain. Long-term NSAID use is associated with complications, which include delayed healing of soft tissues, GI bleeding, and exacerbations of chronic kidney disease and heart failure. Ongoing use of fenoprofen is not medically necessary.