

<b>Case Number:</b>	CM15-0029246		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Emergency Medicine

### 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 56 year old female, who sustained an industrial injury on 05/25/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post right subacromial decompression, Mumford procedure, arthroscopic rotator cuff repair, and biceps tenodesis; right sided cervical five to six disc protrusion; lumbar five to sacral one spondylolisthesis; left shoulder full thickness rotator cuff tearing; right tennis elbow; right carpal tunnel syndrome; and bilateral foot metatarsalgia. Treatment to date has included above listed procedures, physical therapy, and medication regimen. In a progress note dated 01/08/2015 the treating provider reports aching, burning, and stabbing pain to the neck and right shoulder. The treating physician requested Motrin to be used for anti-inflammatory effect and Prilosec to treat the upset stomach that intermittently occurs when the injured worker takes her medications. On 01/22/2015 Utilization Review non-certified the requested treatments of Motrin 800mg one by mouth three times a day as need with a quantity of 90 for 2 refills and Prilosec 20mg one by mouth twice a day with a quantity of 60 for 2 refills, noting the California Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, page 67 to 70 and page 72.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg 1 PO TID PRN #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Motrin 800mg 1 PO TID PRN #90 with 2 refills, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note. For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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 injured worker has aching, burning, and stabbing pain to the neck and right shoulder. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, Motrin 800mg 1 PO TID PRN #90 with 2 refills is not medically necessary.

**Prilosec 20mg 1 PO BID #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

**Decision rationale:** The requested Prilosec 20mg 1 PO BID #60 with 2 refills, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has aching, burning, and stabbing pain to the neck and right shoulder. The treating physician has documented medication-induced GI complaints but not the medical necessity for dosing beyond the recommended once daily dosage.