

<b>Case Number:</b>	CM15-0210043		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Internal 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 50 year old female who sustained an industrial injury on 5-25-13. The medical records indicate that the injured worker was being treated for left lateral humeral epicondylitis; left knee bursitis; left torn rotator cuff; frozen shoulder; left shoulder biceps tendonitis with mild fibroarthrosis. She currently (9-29-15) complains of anterior left shoulder pain. The physical exam dated 9-8-15 revealed shoulder pain with thumb down and pain with impingement I and II test; the left elbow revealed swelling over the left lateral epicondyle with tenderness to palpation, Tinel's was over the radial nerve and pain with range of motion; the left hand revealed positive Tinel's over the median nerve, positive Phalen's test on the left. The 5-19-15 progress note indicated inability to do any activities of daily living because of ongoing pain. There were no gastrointestinal issues present. Pain levels were not present. Treatments to date include medications: omeprazole, clonazepam; status post arthroscopic meniscectomy of the knee; status post left shoulder arthroscopic surgery; brace; home exercise program. The request for authorization was not present. On 10-14-15 Utilization review non-certified the requests for omeprazole 20mg #90 with 3 refills; ibuprofen 800mg #270 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg qty: 90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition; [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Up to date topic 9718 and version 134.0.

**Decision rationale:** Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states .It is used to treat duodenal ulcers, gastric ulcers, symptomatic gerd, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. The above patient is not noted to manifest any of the above symptoms for which this medicine is indicated and is not noted to be a high risk of a GI event. Also, the NSAID was denied by the UR committee. Therefore, the request is not medically necessary.

**Ibuprofen 800mg qty: 270 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition; [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Up to date topic 9682 and version 145.0.

**Decision rationale:** The guidelines state that Motrin and NSAID's in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects. NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. In a review in the shoulder section of the AECOM it states that invasive techniques have limited proven value. If pain with elevation causes significant limitation in activity then sub acromial injection with a local anesthetic and steroid preparation may be attempted after 2 to 3 weeks of conservative treatment with shoulder strengthening exercises and NSAID treatment. Treatment indications include such entities as ankylosing spondylitis, osteoarthritis, rheumatoid arthritis, acute gout, dysmenorrhea, acute tendinitis and bursitis, and acute migraine. Because of increased side effects of NSAID's, it would be appropriate to document a failed trial of acetaminophen prior to the use of Motrin. Also, the Motrin should be used in the lowest effective dose that is needed. Therefore,

the UR was justified in its refusal. The request is not medically necessary.