

<b>Case Number:</b>	CM15-0044570		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/25/2006
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 47 year old male, who sustained an industrial injury on 6/25/06. The injured worker was diagnosed as having calcifying tendinitis of shoulder; nonallopathic lesion thoracic region NEC; neck sprain/strain; headache; lumbar disc disease. Treatment to date has included status post right shoulder arthroscopy (2008). Currently, per the PR-2 notes dated 1/20/15, the injured worker complains of mild to moderate chronic neck pain and low back pain but controlled with medications allowing for work duties and most activities of daily living. Headaches are better but still an issue. The provider submitted limited medical documentation that would detail clinical history to the date of injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67.

**Decision rationale:** This 42 year old male has complained of shoulder, neck and lumbar spine pain since date of injury 6/25/06. He has been treated with shoulder surgery, physical therapy and medications to include NSAIDS since at least 09/2014. The current request is for Ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.

**Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 42 year old male has complained of shoulder, neck and lumbar spine pain since date of injury 6/25/06. He has been treated with shoulder surgery, physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

**Restoril:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This 42 year old male has complained of shoulder, neck and lumbar spine pain since date of injury 6/25/06. He has been treated with shoulder surgery, physical therapy and medications to include Restoril since at least 09/2014. The current request is for Restoril. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. On the basis of the MTUS guideline cited above, Restoril is not indicated as medically necessary in this patient.

**Soma:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma  
Page(s): 29.

**Decision rationale:** This 42 year old male has complained of shoulder, neck and lumbar spine pain since date of injury 6/25/06. He has been treated with shoulder surgery, physical therapy and medications to include Soma since at least 09/2014. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.