

<b>Case Number:</b>	CM15-0051303		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 57-year-old female who reported an injury on 11/05/2003. Her mechanism of injury was a shelf falling onto the right side of the injured worker's body. Her diagnoses included osteoarthritis, sprain of the shoulder/arm, brachial plexus lesions, rotator cuff syndrome, sprain of neck, sprain of lumbar spine, sprain of wrist. Her medications included Prilosec 20 mg, Ativan 2 mg, Tylenol #4, Soma 350 mg, and Colace. Her past treatments have included trigger point injections, pain management consultation, duplex scan, and bilateral inguinal hernia repairs. The injured worker was seen on 03/16/2015 and had complaints of continued right shoulder pain, popping, and difficulty with above the shoulder level activity. The treatment plan included continues with home exercise program, follow-up in 4 to 5 weeks, and a court hearing in 2 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** The California MTUS Guidelines state determination should be made if the patient is at risk for gastrointestinal events. Those criteria include an age of greater than 65-years, history of peptic ulcer or GI bleeding or perforation, concurrent use of aspirin or corticosteroids and/or anticoagulant, or high dose or multiple NSAID use. As the injured worker does not have a history of GI upset or peptic ulcer, GI bleeding or perforation; concurrent use of aspirin or corticosteroids and/or anticoagulant or high dose or multiple NSAID use, the request for Prilosec 20 mg #30 is not supported. The request does not include dosing information. The request for pharmacy purchase of Prilosec 20mg #30 is not medically necessary.

**Ativan 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** The request does not include dosing information. The California MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The documentation submitted for review indicates this is a refill of the prescription, indicating longer than 4 weeks of use. Therefore, the request for Ativan 2mg #30 is not medically necessary. This medication is recommended for weaning.

**Soma tab 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

**Decision rationale:** The request for Soma tab 350 mg does not include dosing instructions. The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long-term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. As the guidelines indicate this is a medication not indicated for long-term use, and documentation indicates this is a refill of the prescription, the request for Soma tab 350mg #90 is not medically necessary. This medication is recommended for weaning purposes.

**Tylenol/Codeine tab no. 4 #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

**Decision rationale:** The request for Tylenol/Codeine tab no. 4 #120 does not include dosing instructions. The California MTUS Guidelines state there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation regarding a proper pain assessment, side effects the injured worker may be experiencing related to the use of Tylenol No. 4, there is a lack of objective functional improvement with activities of daily living, and there is a lack of urine drug screens. Therefore, the request for Tylenol/Codeine tab no. 4 #120 is not medically necessary.

**Colace #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The request does not include dosing instructions. The California MTUS Guidelines indicate that prophylactic treatment of constipation should be initiated with opioid therapy. However, the request for opioids was not medically necessary. Therefore, the request for Colace #100 is not medically necessary.

**Right shoulder ultrasound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The ACOEM Guidelines indicate primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The rationale for the request for the right shoulder ultrasound was not included in the medical record, and as there is a lack of documentation of emergence of a red flag, physiologic evidence of tissue insult, indications of a strengthening program intended to avoid surgery, or clarification needed, the request for right shoulder ultrasound is not medically necessary.