

<b>Case Number:</b>	CM15-0051579		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	02/23/2015
<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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 27-year-old female who reported an injury on 02/27/2013. The mechanism of injury reportedly occurred as a fall. Her diagnoses include status post right shoulder surgery, headache, gastrointestinal positive reflux, pain in the lumbar spine, and pain in the right shoulder area. Diagnostic studies were not included in the documentation submitted for review. Her surgical history included a right shoulder arthroscopic extensive debridement of the bursa performed on 01/27/2014. A clinical note dated 02/25/2015 indicates that upon initial consult, it was noted that the injured worker had gastrointestinal reflux disease while taking NSAIDs. Specifically, the clinical note indicated that the injured worker has stated she had note that the anti-inflammatory medications in the past had given her good pain control and inflammation relief, but noted having some problems with gastritis type symptoms. The clinical note further indicates that the patient has continued to take high dose NSAIDs, such as naproxen 550 mg by mouth twice daily. The clinical note further indicated that the injured worker has paresthesias. Objective physical examination findings were not included in the documentation submitted for review. However, the appeal letter dated 02/25/2015 indicates that the injured worker has lumbosacral radiculopathy and myofascial pain syndrome. Furthermore, the note indicates that the injured worker has clear neuropathic pain in her lumbosacral spine, with numbness and tingling affecting both feet. Her current medication regimen included naproxen, LidoPro, Voltaren, Neurontin, and omeprazole. The treatment plan included an appeal request for the approval of naproxen, LidoPro, Voltaren, Neurontin and omeprazole. The rationale for

the request was that the medications provided benefit to the injured worker. A Request for Authorization form was not included in the documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Omeprazole 20mg (no qty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-70.

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

**Decision rationale:** The request for omeprazole 20 mg, no quantity, is not medically necessary. The injured worker has low back pain with numbness and tingling in the legs, and spasms. The California MTUS Treatment Guidelines state that a clinician should determine if the patient is at risk for gastrointestinal events such as greater than 65 years of age, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, or an anticoagulant; or high dose/multiple NSAID use. Additionally, the guidelines recommend nonselective NSAID such as naproxen for patients with no risk factor and no cardiovascular disease. The documentation submitted for review failed to provide evidence of the patient being at risk for a gastrointestinal event. Furthermore, the request as submitted failed to include a frequency of use, as well as a quantity. Given the above, the request as submitted is not supported by the guidelines. As such, the request for omeprazole 20 mg, no quantity, is not medically necessary.

#### **Neurontin 500mg (no qty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** The request for Neurontin 500 mg, no quantity, is not medically necessary. The injured worker has right shoulder and radiating low back pain. The California MTUS Guidelines recommend antiepileptic drugs for neuropathic pain. Additionally, antiepileptic drugs such as gabapentin are recommended on a trial basis as a first line therapy for pain from polyneuropathy. The documentation submitted for review failed to provide objective physical examination findings of neuropathic symptoms. Furthermore, the request as submitted failed to include a frequency of use and a quantity. Given the above, the request as submitted is not supported by the guidelines. As such, the request for Neurontin 500 mg, no quantity, is not medically necessary.

#### **Flexeril 7.5mg (no qty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The request for Flexeril 7.5 mg, no quantity, is not medically necessary. The injured worker has low back and right shoulder pain. The California MTUS Guidelines recommend non-sedating muscle relaxants as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The documentation submitted for review failed to provide evidence of the injured worker's first line option for the treatment of chronic low back pain. Additionally, the documentation submitted for review provides evidence that the injured worker has had extended use of Flexeril. Moreover, the request as submitted did not include a frequency of use or a quantity. Given the above, the request as submitted is not supported by the guidelines. As such, the request for Flexeril 7.5 mg, no quantity, is not medically necessary.

**Voltaren XR (no qty):** 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 NSAIDs, specific drug list & adverse effects Page(s): 70-71.

**Decision rationale:** The request for Voltaren XR, no quantity, is not medically necessary. The injured worker has low back and right shoulder pain. The California MTUS Treatment Guidelines recommend nonsteroidal anti-inflammatory drugs such as a second line treatment after acetaminophen in injured workers with back pain. The documentation submitted for review failed to provide evidence of the first line treatment of acetaminophen. Additionally, the request as submitted failed to include a frequency of use and quantity. Given the above, the request as submitted is not supported by the guidelines. As such, the request for Voltaren XR, no quantity, is not medically necessary.