

<b>Case Number:</b>	CM15-0056620		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 57-year-old female patient who sustained an industrial injury on 05/25/2010. The most recent document provided was dated 02/05/2015, and reported a chief complaint of right shoulder injury. She reported subjective complaint of stabbing, burning and right shoulder pains. She is not currently working. Physical examination found a well-healed arthroscopic portal on the right shoulder. The following diagnoses are applied: status post right subacromial decompression, Mumford procedure, and arthroscopic rotator cuff repair; biceps tenodesis (05/12/2014); right sided C5-6 disc protrusion; L5-S1 spondylolisthesis; left shoulder full-thickness rotator cuff tearing; right tennis elbow; right carpal tunnel syndrome and bilateral foot metatarsalgia. The plan of care involved obtaining a right shoulder arthrogram, prescribing Motrin, recommending additional physical therapy sessions and following up in 6 weeks. The oldest dated documentation provided was a primary treating office visit dated 09/09/2014, and it reported the patient's chief complaint as having bilateral shoulder pain. She stated subjective complaint of persistent bilateral shoulder and neck pain. She is not currently attending therapy and also not working secondary to unavailability of modified duty. The diagnoses remain the same as on the 02/05/2015 report. The plan of care included recommending further physical therapy, returning to modified work duty and following up as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain. There was no report that the worker had any of the above conditions. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Prilosec (omeprazole) 20mg with two refills is not medically necessary.

**Motrin 800mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Motrin (ibuprofen) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing right shoulder pain. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no documentation describing how often this medication was needed or taken, how long the benefit lasted, the worker's gastrointestinal and heart risks, or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of ibuprofen 800mg is not medically necessary.

**Additional physical therapy 4 visits for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing right shoulder pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program or supporting the requested trials of other treatments in that setting. In the absence of such evidence, the current request for an additional four physical therapy sessions for the right shoulder is not medically necessary.