

<b>Case Number:</b>	CM15-0087438		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Family Practice

### 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 55 year old female who sustained a work related injury July 23, 2014. While performing her usual and customary duties, she developed left shoulder and bilateral lower back pain. According to a primary treating physician's progress report, dated March 24, 2015, the injured worker presented with complaints of continuing left shoulder pain, weakness and decreased range of motion. With regard to the neck, low back, bilateral knees, mid-back, bilateral upper extremities, and bilateral ankles, she notes good benefit with acupuncture treatment and pool therapy with increased function, performing activities of daily living; bathing, cooking, walking, bending, and shopping (pool therapy 7 of 12 and acupuncture treatment 9 of 12). Examination of the left shoulder reveals; tenderness to palpation over the subacromial region, acromioclavicular joint and supraspinatus tendon; crepitus; impingement test is positive; cross arm test is positive; range of motion is decreased in all planes. Diagnoses are left shoulder evidence of full thickness tear of the supraspinatus tendon with retraction, partial undersurface infraspinatus tendon tear, minor biceps tenosynovitis; right shoulder tendinitis and impingement associated with periscapular myofascial strain; lumbosacral musculoligamentous sprain/strain with bilateral lower extremity radiculitis. Treatment plan included pending surgical consultation for left shoulder, pending psychiatric, internal medicine, sleep and rheumatology consultations, and at issue request for authorization of Fexmid and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 #30: Upheld**

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

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

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the patient is noted to be a 55-year-old female and there is no indication of history of peptic ulcer, G.I. bleeding or perforation. The injured worker is not at high risk for developing gastrointestinal events. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. The request for Prilosec 20 #30 is not medically necessary or appropriate.

**Fexmid 7.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Fexmid ) Page(s): 63-66, page 41.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Fexmid) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. Chronic use of muscle relaxants is not supported and as such the request for Fexmid 7.5mg #60 is not medically necessary or appropriate.