

<b>Case Number:</b>	CM14-0123565		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/14/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier gastric bypass surgery; earlier shoulder surgery; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated July 30, 2014, the claims administrator denied a request for Ambien, Norco, Prilosec, and Flector patches. The applicant's attorney subsequently appealed. In a July 10, 2014, progress note, the applicant was described as permanent and stationary following earlier shoulder surgery. The attending provider stated that medications and physical therapy were proving effective in ameliorating the applicant's pain complaints. This was not elaborated or expounded upon, however. The applicant was given refills of Norco, Ambien, Prilosec, and Flector. It was not clearly stated whether or not the applicant was working. In a March 3, 2014, progress note, the applicant was described as "stable." The applicant exhibited mild discomfort and limited range of motion about the injured shoulder. The applicant was asked to follow up on a p.r.n. basis with multiple medications refilled. Once again, there was no explicit discussion on medication efficacy. The applicant's work status was not furnished. On December 5, 2013, the applicant was described as having chronic pain needs and coming in periodically to obtain medication refills. Again, there was no explicit discussion of medication efficacy. In a January 13, 2013, progress note, it was stated that the applicant was using Vicodin, Prilosec, and Flector. The applicant was returned to regular duty work on this occasion. In a September 5, 2013, progress note, the attending provider posited that the applicant had done well postoperatively, following earlier shoulder surgery on July 29, 2011, was working regular duty at [REDACTED] [REDACTED] was tolerating the same appropriately, and was permanent and

stationary. The applicant exhibited good range of motion and stability about the injured shoulder. On August 14, 2014, the applicant was described as using various medications, including Ambien, Norco, Prilosec, and Flector on an as-needed basis. The applicant had demonstrated improved stability and improved range of motion following the surgical procedure. The attending provider stated that ongoing usage of medications was favorable and further noted that the applicant was using these medications on a p.r.n. basis.

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

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

**Ambien 5mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic. Page(s): 69. Decision based on Non-MTUS Citation Ambien Label - FDA Home Page - Food and Drug ...  
[www.accessdata.fda.gov/drugsatfda.../labe...](http://www.accessdata.fda.gov/drugsatfda.../labe...)

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues associated with NSAID-induced dyspepsia, in this case, however, the progress note on file made no mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would compel provision of the same. Therefore, the request is not medically necessary.

**Norco 110/325mg #90 with 2 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly returned to and maintained full-time work status at [REDACTED] it has been suggested, and is, furthermore, deriving appropriate analgesia through ongoing medication usage. The applicant's range of motion and stability were likewise described as well preserved, again reportedly attributed to ongoing medication usage, including ongoing Norco usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

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

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues associated with NSAID-induced dyspepsia, in this case, however, the progress note on file made no mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would compel provision of the same. Therefore, the request is not medically necessary.

**Flector patch 180mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Section. Page(s): 112.

**Decision rationale:** Flector is a derivative of Diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac has not been evaluated for treatment involving the shoulder, the principal pain generator here. No rationale for provision of topical Flector/Diclofenac/Voltaren in the face of the tepid-to-unfavorable MTUS position on the same is proffered. It is further noted that the applicant's reportedly successful usage of oral pharmaceuticals, including Norco, effectively obviates the need for the Flector patches at issue. Therefore, the request is not medically necessary.