

<b>Case Number:</b>	CM15-0113788		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female who reported an industrial injury on 7/16/2010. Her diagnoses, and/or impressions, are noted to include: musculoligamentous sprain of the cervical spine and left upper extremity radulitis; left upper extremity overuse syndrome; internal derangement of the left shoulder; tendinitis of the left shoulder; cubital tunnel syndrome of the left elbow; carpal tunnel syndrome of the left wrist; de Quervain's tendinitis of the left wrist; trigger finger of the left index finger and thumb; cervical disc bulges and osteophyte complexes; joint hypertrophy of the left shoulder; left humeral head cyst; carpal tunnel syndrome right wrist; and status-post left wrist carpal tunnels syndrome. No current electrodiagnostic or imaging studies are noted. Her treatments have included medication management; and rest from work. The progress notes of 4/29/2015 reported that her medications were helping her pain and discomfort; that therapy was not helping; that she was not working; constant neck pain and stiffness that is with limited range-of-motion; and radiating pain, with numbness, down the left arm/hand, left shoulder, left wrist/elbow (with swelling), and left index/thumb (with locking). Objective findings were noted to include positive Tinel's of the left elbow; diminished touching of chin to chest; decreased extension and range-of-motion. The physician's requests for treatments were noted to include the continuation of Omeprazole/flurbiprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Omeprazole 100mg/10mg #90 x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatories).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 60 and 67 of 127, and 68 of 127.

**Decision rationale:** This claimant was injured now 5 years ago. There was reportedly a left upper extremity overuse syndrome. Although there are pain complaints, no spasm or GI issues are noted. This is a combination medicine of an NSAID and a proton pump inhibitor. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately non-certified. Regarding the omeprazole component, the MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. Notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.