

<b>Case Number:</b>	CM15-0120367		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, North Carolina  
 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 44 year old male, who sustained an industrial injury on 4/05/2013. He reported injury to the right shoulder and back while lifting and twisting. Diagnoses include lumbar disc bulge with neuroforaminal narrowing, radiculopathy, and status post right shoulder arthroscopy completed 11/21/13. Treatments to date include Ibuprofen, therapy, and moist heat treatment. Currently, he complained of right shoulder pain rated 4-5/10 VAS. There was lumbar spine pain reported and rated 8/10 VAS. On 5/7/15, the physical examination documented full range of motion with the right shoulder. There was pain with Apley's maneuver noted. The lumbar range of motion was decreased with tenderness noted. The plan of care included Tramadol 50mg, one tablet three times a day as needed, #90; Ibuprofen 800mg, one tablet three times daily as needed #90; and Omeprazole 20mg, one a day #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, and 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

**Decision rationale:** CA MTUS Guidelines state that NSAIDs such as Ibuprofen are recommended for the lowest dose for the shortest time possible in the treatment of acute musculoskeletal pain. They are indicated for short-term use in acute mild to moderate pain. NSAIDs are known to have adverse cardiovascular and GI events. In this case, there is no documentation of benefit from the long-term use of Ibuprofen; therefore, the request is not medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68-69.

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

**Decision rationale:** The CA MTUS Guidelines recommends the use of proton pump inhibitors (PPI) in cases where a patient taking NSAIDs is at increased risk of a GI event. These risk factors include, age over 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, steroids or anticoagulants; or high dose or multiple NSAIDs. In this case, the patient does not have any of these risk factors and the request for Omeprazole is not medically necessary or appropriate.

**Tramadol 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 78-80.

**Decision rationale:** The CA MTUS states that opioids are not indicated for long-term use. This patient has been maintained on long-term opioids, however the medical records do not document ongoing monitoring of the 4 A's. The medical records do not demonstrate continued analgesia, continued functional benefit, lack of adverse side effects or lack of aberrant behavior associated with opioid use. As such, the request for continued long-term use of opioids is not medically necessary or appropriate according to the above guidelines.