

<b>Case Number:</b>	CM15-0121760		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 43 year old female patient who sustained an industrial injury on 06/05/2013. Diagnostic performed included both radiographic imaging and magnetic resonance imaging. Imaging study done on 01/17/2014 showed motion degraded right shoulder study which revealed moderate supraspinatus tendinosis and mild dorsal soft tissue edema fluid to the right elbow, and a small partial thickness insertional tear of the central tendon of the rotator cuff. Electrodiagnostic testing done on 01/31/2014 revealed a right median neuropathy at the wrist of mild to moderate severity. Of note, one week prior, while working a box fell on the four finger of the right hand cutting her finger. She was seen in the emergency room and required stitches. She states currently taking Prilosec, Naproxen and Ultracet. The diagnostic impression found the patient with impingement syndrome; bilateral PN carpal tunnel syndrome; shoulder impingement; DeQuervain's, bilaterally, and bilateral medial/lateral epicondylitis. Surgical history to include: 09/09/2014 right shoulder arthroscopic acromioplasty, and left shoulder open distal claviclectomy on 02/24/2015. The most recent primary treating office visit dated 05/27/2015 reported chief complaints of having bilateral shoulder and bilateral hand pain. She reports taking prescribed medications, adhered to activity modification, participated in physical therapy and subsequently underwent surgical repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Omeprazole (Prilosec) 20mg capsules 1 orally disintegrating capsule by mouth quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective Omeprazole (Prilosec) 20mg capsules 1 orally disintegrating capsule by mouth quantity 60 is not medically necessary and appropriate.

**Retrospective Tramadol (Ultracet) 325mg/37.5mg one tablet every four hours by mouth quantity 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80; 93-94; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

**Decision rationale:** Surgical history includes 09/09/2014 right shoulder arthroscopic acromioplasty, and recent left shoulder open distal claviclectomy on 02/24/2015. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active

treatments (e.g., exercise). Submitted documents show the patient with acute pain post recent surgical shoulder procedure. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have some benefit; however, functional benefit is required prior to further consideration or weaning process needs to be considered. At this time, the Retrospective Tramadol (Ultracet) 325mg/37.5mg one tablet every four hours by mouth quantity 60 is medically necessary and appropriate.

**Retrospective Naproxen (Anaprox DS) 550mg 1 tab twice a day by mouth quantity 60:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 67, 68, and 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAIDs functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there are functional efficacy derived from treatment rendered enabling the patient to continue functioning; however, further consideration requires specified functional improvement with return to modified work status. The Retrospective Naproxen (Anaprox DS) 550mg 1 tab twice a day by mouth quantity 60 is medically necessary and appropriate.