

<b>Case Number:</b>	CM15-0124217		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	02/20/2015
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York, California  
 Certification(s)/Specialty: Emergency 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 42 year old, female who sustained a work related injury on 2/20/15. The diagnoses have included left shoulder strain/sprain rule out tendinitis, impingement, cuff tear and internal derangement, lumbar spine strain/sprain rule out radiculitis/radiculopathy secondary to herniated lumbar disc and chipped/broken left upper incisor tooth with temporary cap. Treatments have included over the counter Tylenol and rest. In the Primary Treating Physician's Initial Orthopedic Comprehensive Report dated 4/3/15, the injured worker complains of constant pain in her left shoulder. She rates this pain level a 7/10. She experiences some stiffness, popping and occasional swelling in shoulder. The pain increases with reaching above shoulder level, pushing, pulling, lifting or carrying of any weight. She states that the pain does awaken her occasionally at night. She complains of constant low back pain. She rates this pain level an 8/10. She experiences stiffness in the morning hours. She states pain increases with sitting, standing, walking, crossing her legs, bending at the waist, twisting, stooping, pushing, pulling, lifting and carrying any weight. She states the pain awakens her at night. She complains of some mild discomfort to her front tooth, where she has a fractured tooth. This pain increases with drinking cold drinks. On physical examination, palpation of the cervical spine reveals tenderness, spasm, muscle guarding at trapezius, sternocleidomastoid and strap muscles. She has tenderness of greater tuberosities, subacromial grinding and clicking, tenderness of rotator cuff muscles and tenderness of supraspinatus and infraspinatus all on the the left shoulder. She has decreased range of motion in lumbar spine. She has tightness and spasm in lumbar paraspinal muscles. She has a positive straight leg raise in both legs. She is working modified duty. The treatment plan includes requests for a shoulder injection, for an MRI of left shoulder, for an interferential unit, for a lumbar brace, for a dental evaluation, for physical therapy and prescriptions for medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Omeprazole 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** Per CA MTUS guidelines, Omeprazole (Prilosec) is a proton pump inhibitor used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. She has no risk factors such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). She does not have any gastrointestinal complaints. There is not abdominal examination documented in the records. Therefore, the requested treatment of Omeprazole is not medically necessary at the present time.

### **Retrospective Cyclobenzaprine 7.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63-66.

**Decision rationale:** Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical." Cyclobenzaprine (Flexeril) is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief." There is insufficient documentation of the injured worker experiencing muscle spasms. The request for Cyclobenzaprine is not medically necessary.

### **Retrospective Diclofenac Sodium 100mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** Per CA MTUS guidelines, NSAIDS, such as Voltaren (diclofenac), are recommended at the lowest dose for the shortest period of time for a client who has moderate to severe pain. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006)." Clients who take NSAIDS run the risk of developing gastrointestinal or cardiovascular events. The progress note states she was not taking any medications. This is a first request for a non-steroidal anti-inflammatory (NSAID) medication. The usual starting dosage is 50 mg. twice a day and increased after a time of evaluation of effectiveness. The order for this medication by the provider is 100 mg. twice a day. Since the dosage requested is not the recommended starting dosage, the request for Voltaren XR is not medically necessary.

**Retrospective Tramadol 150mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per CA MTUS guidelines, "Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." "Tramadol is indicated for moderate to severe pain." Opioids are not recommended for long-term use. She is working modified duty. She has not taken any other pain medication besides over the counter Tylenol. This medication can be tried for a short course of therapy to evaluate its effectiveness in helping to control her pain. For this reason, the requested treatment of Tramadol is medically necessary.