

<b>Case Number:</b>	CM15-0125181		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	07/29/2002
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/03/2015
<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: 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 female patient who sustained an industrial injury on 07/29/2002. Diagnoses included bilateral carpal tunnel syndrome, right shoulder impingement, chronic regional pain syndrome of the left hand and right rotator cuff tendinitis. Treatment has included surgery (Carpal tunnel release 3/14/2011) and medication. A primary treating office visit dated 06/02/2015 reported the patient complained of having ongoing pain to bilateral hands and right shoulder. The patient voiced no interest in any invasive treatment at this time. She stated the use of medications helped lessen her pain from 6-7/10 to 3/10 and improves her abilities to perform her activities of daily living (ADLs). She remains on modified work duty. Her current medications were: Lyrica, Norco 10/325mg, Daypro, Soma, and Prilosec. On exam, her wrists are tender to palpation and have limited motion bilaterally. There is a positive Durkan's sign bilaterally. The right shoulder has pain on palpation and a positive Hawkin's maneuver.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Prilosec 20mg #60:** Overturned

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

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

**Decision rationale:** Omeprazole (Prilosec) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory medications (NSAIDs) in patients that are at intermediate risk of developing gastric problems from the NSAIDs or at high risk of a gastrointestinal (GI) bleed due to age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids or anticoagulants. The MTUS does not address use of proton pump inhibitors to prevent or treat dyspepsia caused by long term use of opioids, although this is a known side effect of opioid medications. Other pain guidelines do not address this issue either. Since this patient is on chronic NSAID medication and chronic opioid medication she is at intermediate risk for developing dyspepsia. It follows that use of Omeprazole in this patient would be appropriate. Therefore, the request is medically necessary.

**Retro Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Carisoprodol; Muscle relaxants (for pain); Weaning of Medications Page(s): 29, 63-5, 124.

**Decision rationale:** Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, Carisoprodol is not recommended by the MTUS for use to treat pain as it is metabolized to meprobamate, a barbiturate and a schedule-IV controlled substance. If this medication is used, it is only indicated for short-term use. This patient has been on Carisoprodol therapy for over 4 months and presently does not have documented complaints of muscle spasms. There is no indication to continue use of this medication. Therefore, this request for Soma is not medically necessary.

**Retro Fenoprofen 400mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Fenoprofen (Nalfon) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations nor documented symptoms consistent with osteoarthritis, such as morning stiffness or joint swelling, NSAID use is not indicated at this time. Therefore, this request is not medically necessary.