

<b>Case Number:</b>	CM15-0067748		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 57-year-old male, with a reported date of injury of 05/23/2014. The diagnoses include left shoulder tendonitis, left shoulder impingement syndrome. Treatments to date have included an MRI of the left shoulder, acetaminophen, Celebrex, Ultracet, eleven physical therapy sessions, cortisone injection, with no benefit. Tramadol (Ultracet), Naproxen, acetaminophen, Ibuprofen, and Celebrex have been trialed. He stopped taking the Ultracet after a few weeks. The progress report dated 01/12/2015 indicates that the injured worker complained of left shoulder pain. He stated that his pain had not improved since his last evaluation. The injured worker rated his pain 4-5 out of 10 at rest, and 5-6 out of 10 with prolonged use of his left arm. The pain radiated into his upper arm and scapular region. The injured worker was working modified duty. The physical therapy reports were not included in the medical records provided for review. The treating physician requested Omeprazole 20mg, a urinalysis, and physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg:** Upheld

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

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

**Decision rationale:** MTUS Guidelines do not support the routine use of PPI's unless there are specific risk factors (age, medical conditions, medical history) associated with NSAID use. None of the qualifying risk factors are documented to be present. These are not benign medications with long term use associated with increased fractures, lung infections and biological mineral dysregulation. Under these circumstances, the Prilosec 20mg is not supported by Guidelines and is not medically necessary.

**Physical therapy 3 times a week for 6 weeks (18 sessions) for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for shoulder regarding physical therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder - Physical Therapy.

**Decision rationale:** MTUS Guidelines supports limited physical therapy, but the Guidelines do not document what is a reasonable amount of therapy. ODG Guidelines provide additional details with the recommendation that 9-12 sessions are adequate for this patient's condition. It is documented that 11 sessions have been completed without benefits and there are no unusual circumstances to support an exception to Guidelines for another 18 sessions. The request for additional physical therapy 3 wk for 6 weeks (18 sessions) is not supported by Guidelines and is not medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, steps to avoid misuse/addiction: Frequent random urine toxicology screens Page(s): 77-80, 94.

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

**Decision rationale:** MTUS Guidelines support the use of urine drug screening if long term use of opioids is being considered. It is clearly documented that this individual trialed Ultracet without benefit and discontinued its use within a few weeks. There is no evidence of continued use of opioids or other controlled substances. There no evidence of illicit drug use. Under these circumstances the Guidelines do not support urine drug screening. The urinalysis (urine drug screen) is not medically necessary.

