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| <b>Case Number:</b>   | CM15-0094909 |                              |            |
| <b>Date Assigned:</b> | 05/21/2015   | <b>Date of Injury:</b>       | 01/29/2011 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 05/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2015 |

### 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: Texas, California

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 47 year old male who sustained an industrial injury on 1-29-11. The injured worker reported right shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for status post right shoulder rotator cuff and labral repair on 9/25/14. Provider documentation dated 4-27-15 notes that the injured worker "indicates that his pain has gotten worse." Medical records dated 2-23-15 and 3-23-15 indicate right shoulder pain rated at 8 out of 10. Provider documentation dated 4-27-15 states the injured worker has "regressed significantly". Provider documentation dated 4-27-15 noted the work status as "recommend that he continue off of work." Treatment has included status post right shoulder rotator cuff repair, physical therapy, ibuprofen, and radiographic studies. Objective findings dated 4-27-15 were notable for right shoulder tenderness to palpation with decreased range of motion, provider documented weakness in all planes of motion. The original utilization review (5-4-15) denied Omeprazole 20 milligrams quantity of 120, Cyclobenzaprine HCL 7.5 milligrams quantity of 120, and Eszopiclone 1 milligrams quantity of 30. Patient had received 24 post op PT visits for this injury. The patient has had MRI of the right shoulder on 3/5/15 that revealed complete tear in rotator cuff. Physical examination of the right shoulder on 3/23/15 revealed right shoulder pain at 8/10, tenderness on palpation, positive impingement sign, positive axial loading and compression test, 4/5 strength and limited range of motion. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of system patient does not have any complaints related to the gastrointestinal tract or psychiatric complaints. The patient has had history of weakness and difficulty in sleeping. The medication list includes Ibuprofen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20 MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events, patients at high risk for gastrointestinal events." Treatment of dyspepsia secondary to NSAID therapy, per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The request for Omeprazole 20 MG #120 is not medically necessary or fully established in this patient.

### **Cyclobenzaprine HCL 7.5 MG #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." A review of the medical records indicates that the injured worker is undergoing treatments for status post right shoulder rotator cuff and labral repair on 9/25/14. Provider documentation dated 4-27-15 notes that the injured worker "indicates that his pain has gotten worse." Medical records dated 2-23-15 and 3-23-15 indicate right shoulder pain rated at 8 out of 10. Objective findings dated 4-27-15 were notable for right shoulder tenderness to palpation with decreased range of motion, provider documented weakness in all planes of motion. The patient has had MRI of the right shoulder on 3/5/15 that revealed complete tear in rotator cuff. The patient has had history of weakness and difficulty in sleeping. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore with this, it is deemed that, the use of the muscle relaxant Cyclobenzaprine HCL 7.5 MG #120 is medically appropriate and necessary in this patient.

### **Eszopiclone 1 MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/05/15)Mental Chapter. Mental Illness & Stress (updated 09/30/15)Eszopiclone (Lunesta).

**Decision rationale:** Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent is a sedative and is used to treat insomnia that is a pyrrolopyrazine derivative of the cyclopyrrolone class. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Not recommended for long-term use, but recommended for short-term use". A detailed history of anxiety or insomnia was not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per cited guidelines for this type of medication, "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Per the cited guideline use of this medication can be habit- forming, and it may impair function and memory more than opioid pain relievers. The request for Eszopiclone 1 MG #30 is not medically necessary or fully established in this patient.