

<b>Case Number:</b>	CM13-0009553		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, neck, and low back pain reportedly associated with an industrial injury of April 27, 2012. Thus far, the applicant has been treated with the following: analgesic medications; topical compounds; attorney representation; unspecified amounts of chiropractic manipulative therapy; shoulder corticosteroid injections; and work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a utilization review report of July 31, 2013, the claims administrator denied a request for a combination of Naprosyn/ranitidine/chondroitin medication and the topical compound. The applicant's attorney later appealed, on August 6, 2013. An earlier progress note of May 30, 2013 is notable for comments that the applicant reports persistent neck pain radiating in the shoulder and low back pain radiating in the bilateral legs. The applicant exhibits improved range of motion, it is stated. Nevertheless, the applicant is asked to consult spine surgeon and is given a rather proscriptive 15-pound lifting limitation. It is suggested that the said limitation has not been accommodated, however.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn-ranitidine-chondroitin compound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug (NSAID) therapy.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of Histamine-2 (H2) receptor antagonists such as ranitidine in the treatment of nonsteroidal anti-inflammatory drug (NSAID)-induced dyspepsia. In this case, however, there is no clear evidence of dyspepsia, either NSAID induced or stand alone. There is no mention of dyspepsia made on any recent 2013 progress note. Similarly, page 50 of the MTUS Chronic Pain Medical Treatment Guidelines notes that another ingredient in the oral formulation, chondroitin, is recommended in the treatment of knee arthritis. In this case, however, there is no evidence of knee arthritis for which chondroitin would be indicated. In fact, x-rays of May 6, 2013 specifically states that there is no evidence of joint space narrowing about either knee. Since two of the drugs in the compound, namely Naprosyn and ranitidine, carry unfavorable recommendations, the entire compound is considered to carry an unfavorable recommendation and is therefore not recommended. The request is non-certified.

**Cyclobenzaprine-capsaicin-lidocaine-flurbiprofen compound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111 & 113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound use purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is non-certified.