

Case Number:	CM13-0021914		
Date Assigned:	12/18/2013	Date of Injury:	10/11/2001
Decision Date:	03/12/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 67 year-old with a date of injury of 10/11/10. The mechanism of injury was described as a work injury, but the mechanism was not specified. The most recent progress report included by [REDACTED], dated 09/04/13, identifies subjective complaints of constant pain in the right shoulder. Objective findings included abduction of the right shoulder to 90 degrees. Diagnostic studies showed a partial tear of the supraspinatus on MRI. Diagnoses indicate that the patient has "Impingement syndrome of the shoulder on the right status-post surgical decompression on July 09, 2012, but with recent MRI on April 24, 2013 of right shoulder showing that there is tendonopathy and bursal surface tear of the distal attachment of the supraspinatus ..." Treatment has included previous surgery, physical therapy and current oral analgesics. Treatment now recommended is medication and topical therapy. A Utilization Review determination was rendered on 08/12/13 recommending non-certification of "Prilosec, Dendracin cream, and Flexeril".

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY: 60.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 68-69.

Decision rationale: The claimant is on a concurrent NSAID. Prophylaxis against the GI side effects of NSAIDs is based upon a patient's risk factors. These include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. Specifically, non-selective NSAIDs without prophylaxis are considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, the patient's age is a risk factor (67 years-old). Omeprazole 20 mg daily is a recommendation under these circumstances.

Dendracin lotion 120ml. topical cream QTY. 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

Decision rationale: Dendracin lotion has multiple ingredients that include methyl salicylate 30%, capsaicin 0.025%, and menthol USP 10%. The MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. Specifically, the Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. However, salicylate is a non-steroidal anti-inflammatory agent. The Guidelines note that this class of topicals has not been shown to have long-term effectiveness. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The only FDA approved agent, diclofenac, has not been evaluated for treatment of the spine, hip or shoulder. They are not recommended for neuropathic pain as there is no evidence to support their use. Also, the Guidelines state that: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Guidelines for Chronic Pain state that capsaicin topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The Guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The Official Disability Guidelines (ODG) state that neither salicylates nor capsaicin have shown efficacy in the treatment of osteoarthritis. Capsaicin is available as an 0.025% formulation (for the treatment of osteoarthritis) and an 0.075% formulation primarily from studies for neuropathic pain. However, the Guidelines specifically state that: "... there have been no studies of 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Also note that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is data that the compounded agent has moderate to poor

efficacy and is not efficacious for the shoulder. Therefore, there is no documented medical necessity for Dendracin.

Flexeril 7.5 mg QTY. 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The Chronic Pain Guidelines state that cyclobenzaprine (Flexeril) is indicated as a short course of therapy. Likewise, it is primarily indicated for low back pain. There is inadequate documentation of significant muscle spasm, and the patient has been on the therapy beyond a short course (12 months).