

Case Number:	CM13-0025834		
Date Assigned:	11/20/2013	Date of Injury:	04/02/2012
Decision Date:	02/18/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/18/2013

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 patient is a 36-year-old female with date of injury 4/2/2012. She is currently under the treatment of [REDACTED] who last saw her on 07/29/2013. [REDACTED] lists the following diagnoses in that report: 1. Cervical disc disease, 2. Cervical disc syndrome, 3. Right shoulder impingement syndrome, 4. Right shoulder tendinopathy, 5. Calcific tendonitis/bursitis, 6. Frozen shoulder/adhesive capsulitis, 7. Right knee sprain/strain, 9. Internal derangement of right knee, 10. Insomnia, 11. Costochondritis. [REDACTED] has treated each of the above diagnoses over the course of the last year, but his medical record of 07/29/2013 for which the disputed treatment is being reviewed deals only with the patient's shoulders. Previous notes document that the patient has been taking Naprosyn for at least 12 months. [REDACTED] note of 07/29/2013 records that the patient presented with complaints of moderate pain. She noted that her right shoulder was improving. She also complained of difficulty sleeping. His physical exam recorded range of motion and motor strength for both shoulders. On that day, flexion and abduction of the right shoulder were 140° and 140°, respectively. Motor strength in the right shoulder in the abductors and flexors were 4+/5 in each muscle group. `

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole) 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Please refer to the following quotation: Determine if the patient is at risk for gastrointestinal events: "(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 NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions.

Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 \hat{I} 4g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor.

TGHot (Tramadol 8%-Gabapentin 10%- Menthol 2%- Camphor 2%- Capsaicin 0.05%) 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111.

Decision rationale: There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments.

Flurflex (Flurbiprofen 10%- Cyclobenzaprine 10%) 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.