

<b>Case Number:</b>	CM13-0042478		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 38-year-old male who reported an injury on 10/12/2011. The patient is diagnosed with discogenic cervical condition with a radicular component, impingement syndrome of the left shoulder, stress, tension, and depression. The patient was recently seen by [REDACTED] on 11/25/2013. The patient reported persistent popping, clicking, and pain with movement of the left shoulder. Physical examination revealed 190 degree abduction, weakness with resistance, sensitivity to light touch, a well-healed incision, and tenderness along the trapezius and shoulder girdle. Treatment recommendations included continuation of physical therapy and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factor

and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, there is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for a proton pump inhibitor. As such, the request is noncertified.

**Lidopro 4 oz:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. As per the clinical notes submitted, there is no documentation of neuropathic pain on physical examination. There is also no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is noncertified.

**Terocin patches #20:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. As per the clinical notes submitted, there is no documentation of neuropathic pain on physical examination. There is also no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is noncertified.