

<b>Case Number:</b>	CM13-0047184		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/20/2008
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. 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/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 is a 50-year-old female who sustained an injury on 7/20/08. The examination of 10/16/13 states: the patient complains of neck pain and bilateral shoulder pain with radiation to the hands and elbows associated with tingling and numbness in both hands. The pain is aggravated by activity and relieved by massage, acupuncture, and pain medicine. She had carpal tunnel releases on both sides in 2009 but still complains of tingling and numbness in both hands. The patient has a painful arc of shoulder motion bilaterally. There is limitation of motion of the left shoulder. The patient has normal motor and sensory function in the upper extremities to testing. Due to her chronic pain, a request is made to continue several medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG #60:** Upheld

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

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

**Decision rationale:** Prilosec is recommended for patients who are an intermediate risk for gastrointestinal (GI) symptoms when taking non-steroidal anti-inflammatory drugs (NSAIDs). There is no documentation in the record that the patient is on NSAIDs. In addition, long-term use of Prilosec, at a dose of twice a day, has been shown to increase the risk of hip fractures. Therefore, based on the above reasons, the medical necessity of continuing the use of Prilosec has not been established.

**NAZATIDINE 150MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The chronic pain medicine guidelines state that this class of drugs has not been found to prevent gastrointestinal (GI) complications of using non-steroidal anti-inflammatory drugs (NSAIDs). A proton pump inhibitor is the drug of choice for people at risk for GI complications while taking NSAIDs. In addition, there is no documentation that the patient is taking NSAIDs and there is no rationale for why the drug is being requested. Therefore, the medical necessity of taking this medication has not been established.

**CYCLOBENZAPRINE 7.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

**Decision rationale:** This drug is recommended for a short course of therapy. There is no good evidence to allow this medication to be given for long-term therapy. It is a central nerve depressant with similar effects to tricyclic antidepressants. The medical record documents the chronic use of cyclobenzaprine. Therefore, the medical necessity of using this drug has not been established.

**MEDI-PATCH #30:** Upheld

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

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

**Decision rationale:** The chronic pain guidelines state topical salicylates are recommended for chronic pain. Lidocaine is recommended for acute neuropathic pain but further research is

needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. Capsaicin is recommended in patients who have not responded or are intolerant to other treatments. Menthol probably has no beneficial effect for skeletal muscular problems. The chronic pain guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended. Lidocaine is not yet recommended for chronic neuropathic conditions. Therefore, the medical necessity for using Medi-patch has not been established.