

<b>Case Number:</b>	CM13-0060051		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of April 29, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and topical compounds. In a Utilization Review Report of November 18, 2013, the claims administrator apparently denied a request for Naprosyn, denied a request for Prilosec, and denied a request for a topical compound. The attending provider acknowledges that the patient had issues with reflux noted in March 2012 but stated that there was no evidence of ongoing reflux and that Prilosec should therefore be discontinued. The claims administrator denied Naprosyn on the grounds that the patient had reportedly failed to achieve any lasting benefit or functional improvement through prior usage of the same. The patient's attorney subsequently appealed. A clinical progress note of October 7, 2013 is sparse, notable for complaints of severe pain about the shoulders, hand, and forearm. All activities reportedly increase the patient's pain. He is not working, it is stated. Decreased range of motion and shoulder tenderness are appreciated. The patient is asked to continue an H-Wave homecare device, employ Naprosyn for pain relief, and employ topical compound while remaining off of work, on total temporary disability. Additional shoulder surgery is sought. In a medical-legal evaluation of January 9, 2013, the patient informed the medical-legal evaluator that Prilosec has done a good job of eradicating his symptoms of reflux which were previously present. The patient is satisfied with Prilosec as it is appropriately ameliorating his symptoms of throat pain and reflux.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM 550 MG, 60 COUNT, PROVIDED ON AUGUST 26, 2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 69.

**Decision rationale:** While the Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, including the chronic shoulder pain reportedly present here, in this case, however, the patient has failed to achieve any lasting benefit or functional improvement despite ongoing usage of Naprosyn. The patient remains off of work, on total temporary disability. The patient is considering further shoulder surgery. Significant physical impairment persists. The patient's pain complaints are heightened, despite ongoing Naprosyn usage. Continuing Naprosyn, on balance, is not indicated. The request for naproxen sodium 550 mg, 60 count, dispensed on August 26, 2013, is not medically necessary or appropriate.

**OMEPRAZOLE 20 MG, 60 COUNT, PROVIDED ON AUGUST 26, 2013:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As in the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the patient does have longstanding issues with dyspepsia and reflux. Usage of omeprazole, a proton pump inhibitor, to combat the same is indicated and appropriate. The request for Omeprazole 20 mg, 60 count, dispensed on August 26, 2013, is medically necessary and appropriate.

**COMPOUND MEDICATION FLURBIPROFEN 25%/LIDOCAINE 5%/MENTHOL 1%/CAMPHOR 1%, PROVIDED ON AUGUST 26, 2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the flurbiprofen containing agent dispensed here, which are, according to the Chronic Pain Medical Treatment Guidelines "largely experimental." The request for compound medication Flurbiprofen 25%/Lidocaine 5%/Menthol 1%/Camphor 1%, dispensed on August 26, 2013, is not medically necessary or appropriate.