MAXIMUS Federal Services

| Case Number: | CM13-0066793 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 09/10/2008 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

## 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 Anesthesiology has a subspecialty in Pain Management 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 an employer is of [redacted] who filed a claim for pain on the right deltoid area and stiffness of bilateral shoulder associated with an industrial injury dated September 10, 2008. The patient's symptoms were managed with medications including Naprosyn 1 tablet BID, Prilosec QD, Dendracin lotion, Tramadol ER QD, Acetadryl as needed before going to bed, Flexeril as needed for muscle spasm. Date of initial prescription was not documented in the medical records. He also underwent MRI of the left shoulder which showed tendinosis of supraspinatus and subscapularis as well as biceps tenosynovitis associated witn subacromial bursitis dated 10/7/2012. Right shoulder arthroscopic subacromial decompression and labral repair was done dated February 13, 2012. He also underwent nerve studies, which turned out to be negative dated September 28, 2011. In a utilization review dated November 20, 2013, the proposed request for retrospective (DOS 10/18/13)/prospective usage of Naproxen 550 mg and Retrospective (DOS 10/18/13)/Prospective usage of Protonix 20 mg and Prospective usage of Terocin Patches were denied. In review of progress note, medications were not certified because there was no documentation of measurable subjective/functional benefit noted. Review of medical record dated 10/18/2013 states that the pain was rated 8/10 lasting while after activities. There was still spasms and stiffness of bilateral shoulders on a daily basis, numbness and tingling in bilateral hands. He needs help on a daily basis and ability to carry on daily routine to complete chores. On physical examination there was tenderness of the right deltoid as well as the right acromioclavicular joint.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE (DOS 10/18/13)/ PROSPECTIVE USAGE OF PRESCRIPTION NAPROXEN 550MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs)..

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

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines page 67 NSAIDs have no evidence of long-term effectiveness for pain or function. It is recommended for the shortest period in patients with mild to moderate pain. In this case, the patient has been taking naproxen since 2012. However, the patient did not have any functional or pain improvements mentioned in his progress notes. He has been taking other pain medications however no significant improvement noted as well. Therefore, the request for Naproxen 550mg is not medically necessary.

**RETROSPECTIVE (DOS 10/18/13)/ PROSPECTIVE USAGE OF PRESCRIPTION PROTONIX 20MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovasular Risk..

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

**Decision rationale:** As stated on pages 68-69 of the California MTUS chronic pain medical treatment guidelines, proton pump inhibitor such as Protonix are recommended in cases where patients are at risk for gastrointestinal events such as high doses or multiple NSAID intake. In this case, Protonix was first prescribed in October 2013 for GI upset due to intake of naproxen. However, given the history of naproxen use, there has not been any documentation concerning the gastrointestinal problem in the previous progress notes. The patient has been on other proton pump inhibitors in the past concurrent with the intake of naproxen but reports of GI upsets were not indicated. The patient does not seem to be complaining of GI upset. Therefore, the request for Protonix is not medically necessary.

**PROSPECTIVE USAGE OF TEROCIN PATCHES #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, Topical Lidocaine, Topical Salicylates, Page(s): 28, 105, 111-113.

**Decision rationale:** Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to responded or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropahtic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, the patient was prescribed Terocin in October 2013 initially. However, It was not clearly documented why Terocin lotion was first initiated. In addition, California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Terocin contains several ingredients that are not recommended. Therefore, the request for Terocin is not medically necessary.