

<b>Case Number:</b>	CM14-0107000		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder and upper arm pain reportedly associated with an industrial injury of October 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis of knee arthritis; topical agents; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for Prilosec and Biofreeze roll-on gel. The claims administrator interpreted the Biofreeze roll-on gel as a topical compound. The applicant's attorney subsequently appealed. In a January 31, 2014 psychiatric medical-legal evaluation, the applicant was described as no longer working. The applicant is apparently residing with one of her daughters. The applicant was using Norco and Prilosec, it was stated. In a January 28, 2014 chiropractic medical-legal evaluation, the applicant was given diagnosis of chronic shoulder pain status post earlier shoulder surgery, chronic cervical radiculopathy, chronic neck pain, right knee pain with knee arthritis, and chronic thoracic pain. The applicant was not working, it was noted. In a medical progress note dated December 12, 2013, the applicant reported pain ranging from 4 to 8/10. The applicant was using Norco, Prilosec, and Biofreeze roll-on gel. A rather proscriptive 5-pound lifting limitation was endorsed. There was no mention of any issues of reflux, heartburn, or dyspepsia present. On April 3, 2014, the applicant was again described as using Norco, Prilosec, and Biofreeze. Manipulative therapy was sought. A rather proscriptive 5-pound lifting limitation was endorsed. Once again, there is no mention of any issues with reflux, heartburn, or dyspepsia. On February 24, 2014, the attending provider stated the applicant had a history of an earlier GI bleed associated with NSAID usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro - Prilosec 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support prophylactic usage of proton pump inhibitors such as Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn and/or dyspepsia on any of the progress notes referenced above. While page 68 of the MTUS Chronic Pain Medical Treatment Guidelines does support prophylactic usage of proton pump inhibitors in applicants with GI bleeds who are concurrently using NSAIDs, in this case, however, there was no mention of the applicant using NSAIDs on any recent progress notes, including the May 20, 2014 progress note, referenced above. Thus, there was seemingly no role for usage of Prilosec here as the applicant was not having active symptoms of reflux and was concurrently using NSAIDs for which GI prophylaxis with Prilosec would have been indicated, given the applicant's history of prior GI bleeding. Therefore, the request is not medically necessary.

**Retro- Biofreeze topical roll on gel #2:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 204, 338.

**Decision rationale:** Based on the product description, the Biofreeze gel represents a simple, low-tech application of cold therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-3, applications of heat and cold are recommended as methods of symptom control for knee complaints, as are seemingly present here. Similarly, the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 likewise supports usage of topical application of heat and cold as methods of symptom control for applicants with shoulder complaints. The Biofreeze gel in question did represent a simple, low-tech application of heat and cold, which was (a) low-risk and (b) seemingly endorsed by ACOEM as a method of symptom control for shoulder and knee issues, as were/are present here. Therefore, the request is medically necessary.