

<b>Case Number:</b>	CM14-0013941		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 patient is 36-year-old male who has submitted a claim for chronic shoulder pain due to rotator cuff tendinosis and bursitis, cervicgia and chronic pain syndrome associated from an industrial injury date of August 23, 2012. Medical records from 2013-2014 were reviewed, the latest of which dated January 31, 2014 revealed that the patient complains of neck and left shoulder pain. He states that the pain improved after the left shoulder injection but only lasted for 1 week. He states that he feels his neck range of motion and shoulder range of motion is adequate. On physical examination, the patient has improving range of motion of the left shoulder. His reflexes are 1+ in the biceps, triceps and brachioradialis. Grip strength is difficult to evaluate. There is no sign of radiculopathy to the upper extremities. On the progress noted dated January 20, 2014, he reports that he prefers to avoid taking narcotics whenever possible and that Ultram has been an acceptable alternative unless pain is very severe. He also reports ongoing GERD symptoms, and that he still cannot tolerate oral NSAIDs. On physical examination, there is moderate tenderness over C4-T1 paraspinal musculature and over the left trapezius with minimal restriction of flexion and extension. Left shoulder examination revealed moderate diffuse tenderness over the AC joint with lateral abduction to approximately 90 degrees and forward flexion to approximately 90 degrees. All motion elicits palpable crepitus. Treatment to date has included left shoulder steroid injection, physical therapy, and medications that include Vicodin, Prilosec, Ultram, Motrin, Pennsaid, Pepcid, Flexeril and Temazepan. Utilization review from January 10, 2014 denied the request for PENNSAID APPLY 10 DROPS TO NECK & SHOULDER QID #1 BOTTLE, TO ESTABLISH ADDITIONAL NSAID THERAPY because there is no description of arthritis or failure of first-line anti-inflammatories, certified the request for MOTRIN 800MG 1TAB TID, #90 because although the patient is complaining of GERD, the doctor is monitoring the patient's reflux symptoms and has

placed the patient on a 3-day holiday, and denied the request for PEPCID 40 MG, 1 GD #30 because the patient is on a proton pump inhibitor which has been shown to be superior to H2 blockers with regards to GERD and erosive esophagitis in RCT's.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PENNSAID APPLY 10 DROPS TO NECK & SHOULDER QID #1 BOTTLE, TO ESTABLISH ADDITIONAL NSAID THERAPY.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** As stated on pages 111-112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to support the use of topical NSAIDs (diclofenac) for treatment of osteoarthritis of the spine, hip or shoulder, and there is no evidence to support the use for neuropathic pain. In addition, ODG states that Pennsaid (diclofenac topical solution 1.5% containing 45.5% dimethyl sulfoxide) is not recommended as a first-line treatment; topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations. In this case, Pennsaid was prescribed in December 2013 to establish additional NSAID therapy. However, there is no diagnosis of osteoarthritis in the patient. Also, there is no documented failure of first-line treatment or oral NSAIDs. Therefore, the request for PENNSAID APPLY 10 DROPS TO NECK & SHOULDER QID #1 BOTTLE is not medically necessary.

#### **MOTRIN 800MG 1TAB TID, #90:** Upheld

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

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

**Decision rationale:** According to page 67 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs is recommended at the lowest dose for the shortest period in patients with moderate to severe pain and they can cause gastrointestinal irritation or ulceration and renal or allergic problems. In addition, there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on Motrin since September 2013, and on unspecified ibuprofen since August 2012. In the progress note dated January 20, 2014, the patient reports ongoing GERD symptoms, and intolerance to oral NSAIDs. The patient is already on proton pump inhibitor. Also, he has alternative pain medication that will not aggravate the ongoing

GERD symptoms. Moreover, extension of NSAIDs therapy will exceed guideline recommendation. Therefore, the request for MOTRIN 800MG 1TAB TID, #90 is not medically necessary.

**PEPCID 40 MG,1 GD #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pepsid.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.

**Decision rationale:** The CA MTUS and ODG do not address the topic on Pepcid. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The FDA states that Pepcid is indicated for gastroesophageal reflux (GERD); short-term treatment of symptomatic GERD; short-term treatment of esophagitis, including erosions or ulcers (endoscopically diagnosed) in patients with GERD; self-medication as initial therapy for less severe symptomatic GERD; and short-term self-medication for relief of heartburn symptoms. In this case, the patient has been prescribed with Pepcid since December 2013. In the progress note dated January 20, 2014, the patient reports ongoing GERD symptoms, and intolerance to oral NSAIDs. However, the patient is already on proton pump inhibitor (Prilosec). There is no indication for adjunct therapy of proton pump inhibitor with histamine-2 blockers for GERD symptoms. There medical necessity for Pepcid was not established. Therefore, the request for PEPCID 40 MG,1 GD #30 is not medically necessary.