

<b>Case Number:</b>	CM14-0016166		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/08/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 claimant is a 42-year-old injured worker with a date of injury on 12/29/2011, and the mechanism of injury was that the patient injured the right shoulder while operating the lever of a recycling machine. The apparatus had locked up and the patient pushed hard, resulting in injury to the right shoulder. Surgery was performed but it failed to reduce or eliminate the pain, or restore function. Conservative treatment has consisted of 18 physical therapy sessions to date. The surgery, which was done on 03/13/2013, was a right shoulder arthroscopy and debridement. An MRI of the right shoulder on 03/08/2012 revealed a full thickness tear over the anterior, as well as supraspinatus tendon type 3 acromion. Other treatments have included anti-inflammatories and cortisone injections. Electrodiagnostic studies of the bilateral upper extremities on 07/19/2012 revealed evidence of mild bilateral carpal tunnel syndrome (median nerve entrapment at wrist), affecting sensory components but no evidence of peripheral neuropathy or cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN 1% TOPICAL GEL 100GM TUBE WITH 2 REFILLS:** 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, Gi Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The CA MTUS Guidelines state "Voltaren<sup>®</sup> Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist. Per the office note on 02/21/2014, the patient presented complaining of worsening pain since the last appointment, and right shoulder continues to "catch" when she reaches overhead. There still is difficulty with range of motion, and significant weakness. The patient has also had occupational therapy. On physical exam, there was swelling noted over the forearm of the right upper extremity, and muscle atrophy noted in the general musculature of the right upper extremity. The range of motion of the shoulder was within normal limits except for flexion, which is limited to 90 degrees and abduction is limited to 90 degrees. There was tenderness palpated over the forearm of the right upper extremity and positioning is guarded, as the patient will hold the right wrist and the left hand. The request for Voltaren 1% topical gel 100gm tube with 2 refills is medically necessary and appropriate.

**OMEPRAZOLE 40MG #30 WITH 2 REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The CA MTUS Guidelines state "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200  $\mu$ g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Per the office note on 02/21/2014, the patient presented complaining of worsening pain since the last appointment, and right shoulder continues to "catch" when she reaches overhead. There still is difficulty with range of motion and significant weakness. The patient has also had occupational therapy. On physical exam, there was swelling noted over the forearm of the right upper extremity, and muscle atrophy noted in the general musculature of the right upper extremity. The range of motion of the shoulder was within normal limits except for flexion, which is limited to 90 degrees and abduction is limited to 90 degrees. There was tenderness palpated over the forearm of the right upper extremity and positioning is guarded, as the patient will hold the right wrist and the left hand. The CA MTUS Guidelines recommend the medication for patients that are at risk for gastrointestinal events and have no cardiovascular disease. The clinical information provided supports the request as there was evidence of stomach pain and gastritis. The request for Omeprazole 40mg #30 with 2 refills is medically necessary and appropriate.