

<b>Case Number:</b>	CM14-0128853		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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:

According to the provided documents this is a 53-year-old female patient with the date of injury of 10/17/10. There is a report of 7/10/14, a secondary treating physician's 1st report (Pain Management), she was injured while pulling a patient's chart reaching overhead and heard something pop in the right shoulder. Complaints are neck pain, right shoulder pain and pain down the right arm. Pt's medical history included asthma and high blood pressure. There were no prior injuries. There was a history of rotator cuff surgery, laterality not known. Current medications are tramadol and Norco. There were no objective findings in the medical report of the the patient's height ,weight and lateral signs. Diagnoses were cervical disc protrusion, cervical muscle spasm, cervical radiculopathy, cervical sprain/strain, right shoulder sprain/strain, disruption of 24-hour sleep wake cycle, loss of sleep, anxiety, depression, irritability, nervousness, elevated blood pressure and hypertension. She was dispensed naproxen 550 mg #60, omeprazole 20 mg #60, orphenadrine 100 mg #60, hydrocodone/APAP 10-325 mg #90. Medical creams were ordered. It appears that she was referred by a chiropractor who had been treating her previously. There is an AME report, orthopedics of 5/6/14 that describes previous treatment that included PT, injection of the right shoulder, MRI of the right shoulder showing a large rotator cuff tear 12/27/13. Surgery was recommended 1/18/13. She is he date was not visible in the report. There wasp ostoperative physical therapy with persistent pain despite PT and medication. She started treatment with the chiropractor on 5/8/13. After that she had continued conservative treatment including more PT and acupuncture. Repeat MRI showed continued rotator cuff tear. There were MRI of the neck and negative bilateral upper extremity neurodiagnostic tests. The AME did not mention that she was currently taking any nonsteroidal anti-inflammatory medications and there is no mention of current or past history of any upper gastrointestinal illnesses.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDsNSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PART 2  
Page(s): 68-69.

**Decision rationale:** The same time that this was prescribed, patient was given Naprosyn which is a non-steroidal anti-inflammatory medication. However, there is no documentation this patient has at increased risk for gastrointestinal side effects with use of non-steroidal anti-inflammatory drugs. She is less than 65 years old, there is no history of peptic ulcer, G.I. bleeding or perforation, there is no concurrent use of aspirin, corticosteroids are anti-coagulant and she is not on high dose of multiple NSAIDs. MTUS guidelines only support - intestinal prophylaxis with omeprazole when there are increased gastrointestinal risk factors. Thus, based upon the evidence and the guidelines this not considered be medically necessary.

**Flurbiprofen 20%, Tramadol 20% in mediderm base 30gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PART 2  
Page(s): 111-113.

**Decision rationale:** The anti-inflammatory Flurbiprofen is not supported for topical use. The analgesic tramadol is not supported for topical use. Guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no information available to support use outside of guidelines. Based on the evidence and the guidelines, this is not medically necessary.

**Amitriptyline 10%, Dexamethorphan 10%, Gabapentin 10% in mediderm base 30gm:  
Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PART 2  
Page(s): 111-113.

**Decision rationale:** The tricyclic antidepressant Amitriptyline is not supported for topical use. The cough suppressant dextromethorphan is not supported for topical use. The antiepileptic drug

Gabapentin is not supported for topical use. The anti-inflammatory Flurbiprofen is not supported for topical use. The analgesic tramadol is not supported for topical use. Guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no information available to support use outside of guidelines. Based on the evidence and the guidelines, this is not medically necessary.

**Flurbiprofen 20%, Tramadol 20% in mediderm base 210gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PART 2 Page(s): 111-113.

**Decision rationale:** The anti-inflammatory Flurbiprofen is not supported for topical use. The analgesic tramadol is not supported for topical use. Guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no information available to support use outside of guidelines. Based on the evidence and the guidelines, this is not medically necessary.

**Amitriptyline 10%, Dexamethorphan 10%, Gabapentin 10% in mediderm base 210 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PART 2 Page(s): 111-113.

**Decision rationale:** The anti-inflammatory Flurbiprofen is not supported for topical use. The analgesic tramadol is not supported for topical use. Guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no information available to support use outside of guidelines. Based on the evidence and the guidelines, this is not medically necessary.