

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0131034 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 01/24/2012 |
| <b>Decision Date:</b> | 09/23/2014   | <b>UR Denial Date:</b>       | 07/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2014 |

### 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 Interventional Spine 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 a 48 year old with an injury date on 1/24/12. The patient complains of constant left shoulder pain rated 6/10 increasing to 8/10 occasionally with activities that require pushing, pulling, and lifting per 6/4/14 report. The patient takes two Norco tablets a day for pain relief per 6/4/14 report. Based on the 6/4/14 QME provided by [REDACTED] the diagnosis is recurrent full thickness tear of the supraspinatus tendon in the left shoulder. Exam on 6/4/14 showed range of motion of left shoulder is moderately reduced especially flexion at 90/180 degrees. [REDACTED] is requesting Menthoderm 120ml and omeprazole 20mg #60. The utilization review determination being challenged is dated 7/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/16/13 to 8/6/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-21, Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 67-68 70-73.

**Decision rationale:** This patient presents with left shoulder pain. The provider has asked for Mentherm 120ml. The date of the request is not known. Regarding topical analgesics, the MTUS supports NSAIDs for peripheral arthritis/tendinitis problems. In this case, the patient does not have arthritis or tendinitis for which this topical medication is intended for. Such as, Mentherm 120ml is not medically necessary.

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with left shoulder pain. The provider has asked for Omeprazole 20mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of Omeprazole. Furthermore, the provider does not provide a discussion regarding GI issues such as gastritis, ulcers, or reflux that requires the use of this medication. Omeprazole 20mg #60 is not medically necessary.