

<b>Case Number:</b>	CM14-0172818		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 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 injured worker is a 63 year old female with a date of injury on 11/27/2012. As per the report of 10/01/14, she complained of C-spine, L-spine, bilateral upper extremity (BUE) and bilateral lower extremity (BLE), right hand, and arm pain. She rated her cervical pain as 5-6/10 and with prolonged neck rotation 8/10; right shoulder pain as 7-8/10 and 9/10 with prolonged motion above the shoulder level; and bilateral knee pain as 6/10. C-spine exam revealed decreased range of motion (ROM) with palpable muscular hypertonicity and tenderness, positive cervical compression on the right, and radiating pain into the right upper extremity (RUE) and right parascapular area to the lateral arm. L-spine exam revealed moderate loss of range of motion (ROM) with flexion, extension, and lateral flexion, positive straight leg raising (SLR) on the right at 60 degrees with radiation to the posterior thigh with palpable tenderness of the lumbosacral articulation over the right sacroiliac articulation, and palpable muscular hypertonicity of bilateral lumbar paravertebrals. A right shoulder exam revealed decreased range of motion (ROM) in all planes, and positive impingement and supraspinatus sign. Bilateral knee exam revealed decreased range of motion (ROM) with positive patellofemoral grind, medial joint space tenderness, and crepitus with active and passive range of motion (ROM). Right shoulder magnetic resonance imaging (MRI) dated 7/17/14 revealed full thickness tearing of the anterior aspect of the supraspinatus tendon. There was chronic partial articular surface side tearing of the supraspinatus tendon with moderate supraspinatus and mild infraspinatus muscle fatty atrophy. Urine drug screen (UDS) dated 4/28/14 was positive for Codeine, Hydrocodone, and Morphine. She is on sleep medication, Vicodin, Ibuprofen and Lidoderm patch and allergic to penicillin. She has been on Prilosec since at least 3/27/14. She has completed 12 physical therapy (PT) to her C-spine and right shoulder. Diagnoses include chronic cervical and lumbar strain rule out disc herniation, bilateral chronic arthralgia, rule out patellofemoral syndrome rule

out osteoarthritis (OA), and status post right shoulder arthroscopy from recurrent 50% tear of the supraspinatus tendon as per magnetic resonance imaging (MRI). The request for Prilosec (Omeprazole 20 mg) Tabs # 60, Sig one capsule by mouth twice a day with no refill, 30 day trial of transcutaneous electrical nerve stimulation (TENS) unit, and Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%/10%/8%) 180g, was denied on 10/03/14.

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

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

**Prilosec (Omeprazole 20 mg) Tabs # 60, Sig one capsule by mouth twice a day with no refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) guidelines state proton pump inhibitor (PPI) medications such as omeprazole (Prilosec) may be indicated for injured workers at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAID) (e.g., non-steroidal anti-inflammatory drugs [NSAID] + low-dose acetylsalicylic acid [ASA]). Treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAID) therapy recommendation is to stop the non-steroidal anti-inflammatory drugs (NSAID), switch to a different non-steroidal anti-inflammatory drugs (NSAID), or consider H2-receptor antagonists or a proton pump inhibitor (PPI). The medical records do not establish the injured worker is at significant risk for gastrointestinal (GI) events. There is no evidence of significant dyspepsia unresponsive to change of non-steroidal anti-inflammatory drugs (NSAID). Furthermore, Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. Thus, the medical necessity of Prilosec has not been established in accordance with the California Medical Treatment Utilization Schedule (MTUS) guidelines.

**30 day trial of TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, transcutaneous electrical nerve stimulation (TENS) for chronic pain, is recommended as a one-month home-based transcutaneous electrical nerve stimulation (TENS)

trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for knee osteoarthritis. Additionally, the Official Disability Guidelines (ODG) criteria states that transcutaneous electrical nerve stimulation (TENS) can be used for chronic intractable pain if there is evidence that other pain modalities have been tried and failed, including medications. In this case, the medical records do not document that the above criteria are met. Therefore, based on the California Medical Treatment Utilization Schedule (MTUS) guidelines, as well as the clinical documentation, the request for transcutaneous electrical nerve stimulation (TENS) is considered not medically necessary.

**Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%/10%/8%) 180g:** Upheld

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

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

**Decision rationale:** According to the California Medical Treatment Utilization Schedule guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. Regarding Non-steroidal anti-inflammatory agents; the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for injured workers at risk, including those with renal failure. The only non-steroidal anti-inflammatory drug (NSAID) that is Food and Drug Administration (FDA) approved for topical application is diclofenac (Voltaren 1% Gel). Per guidelines, cyclobenzaprine is not recommended for topical use. According to guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the medical necessity of this compounded topical product is not established.