

<b>Case Number:</b>	CM14-0183227		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/18/2010
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 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 53-year-old female with date of injury of 09/18/2010. The listed diagnoses per the treating physician from 02/13/2014 are left shoulder impingement syndrome; adhesive capsulitis and calcific tendinitis of the right shoulder with MRI evidence of minimally retracted full thickness rotator cuff tear. According to this report, the patient complains of increased pain in her shoulder. The examination of the bilateral shoulders reveals pain and tenderness in the anterior glenohumeral joint and subacromial space with a positive Hawkin's and impingement sign. There is reproducible symptomatology with internal rotation and forward flexion. The patient is currently working full duty without limitations. The 02/07/2013 report shows that the patient has some residual symptomatology in the shoulders. The bilateral shoulders show some improvement and no neurologic deficits were noted. The patient's medication include Naproxen, Cyclobenzaprine, Ondansetron, Omeprazole, Terocin patch and Tramadol. The document includes an AME report from 05/09/2013 and progress reports from 02/07/2013 and 02/13/2014. The Utilization Review denied the request on 10/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Omeprazole DR 20mg #120 (DOS 08/24/2011):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The provider is requesting retrospective Omeprazole DR. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Omeprazole on 02/13/2014. The 02/13/2014 report notes the patient was prescribed Naproxen previously and reported stomach upset and epigastric pain with use. The patient's medications include Naproxen. Given that the provider has documented gastrointestinal issues with NSAID use, the request for Omeprazole is reasonable. Therefore, this request is medically necessary.

**Retrospective Medrox ointment 240gm (DOS 08/24/2011): Upheld**

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

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

**Decision rationale:** The provider is requesting retrospective Medrox Ointment. The MTUS guidelines, page 111, on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox patch is a compounded topical analgesic containing Menthol 5%, Capsaicin 0.0375% and Methyl Salicylate. MTUS states that for Capsaicin, "There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Given that Capsaicin is not recommended above 0.025% concentration, this request is not medically necessary.

**Retrospective Ondansetron 8mg #60 (DOS 08/24/2011): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Ondansetron (Zofran)

**Decision rationale:** The provider is requesting retrospective Ondansetron. The MTUS and ACOEM Guidelines are silent with regards to this request. However, Official Disability Guidelines on Ondansetron (Zofran) does not support antiemetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery and for acute use of gastroenteritis. The records show that the patient was prescribed Ondansetron on 02/13/2014. However, Ondansetron is only indicated for post-surgery nausea and vomiting and not for other nausea conditions. This request is not medically necessary.