

<b>Case Number:</b>	CM14-0024087		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 58-year-old who has submitted a claim for other affections of shoulder region not otherwise specified associated with an industrial injury date of April 28, 2001. Medical records from 2013 to 2014 were reviewed. The patient complains of constant, stabbing pain on both shoulders rated 8/10, low back pain rated 6/10, mid back pain rated 4/10, and neck pain rated 6/10. Physical examination of the bilateral shoulders showed tenderness over the anterior capsule, sternoclavicular joint and acromioclavicular joint; shoulder and acromioclavicular joint instability; bilaterally positive apprehension maneuver, Neer's test, Hawkin's maneuver, impingement sign and Obrien's test; and limitation of motion with crepitus. The diagnoses were adhesive capsulitis of the bilateral shoulder; small partial-thickness supraspinatus tear, left shoulder; status post left shoulder arthroscopy (x2); small partial-thickness supraspinatus tear and possible superior labral tear, right shoulder; status post right shoulder arthroscopy; spondylolisthesis at L4-5 and L5-S1; status post L4-5 posterior fusion with arthrodesis rigid internal fixation. Treatment plan includes request for tramadol, omeprazole and TGIce cream. Treatment to date has included oral and topical analgesics, bilateral shoulder surgeries, and shoulder injections. Utilization review from December 4, 2013 denied the requests for omeprazole 20mg one PO BID PRN #100 because there was no documentation of use of NSAIDs (non-steroidal anti-inflammatory drugs) or GERD (gastroesophageal reflux disease)/gastric hyperacidity; tramadol 50mg one PO q4-6h #45, because there was no documentation of improved functionality; and TGIce (tramadol/gabapentin/menthol/camphor 8/10/2/2%) cream 180gm, apply BID, because it contains menthol and camphor which are not recommended by the guideline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, 100 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms, Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in individuals: using multiple or high dose NSAIDs; using NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and with history of peptic ulcer. An appeal was made on December 11, 2013 stating that the adverse effects of the patient's pain medications include gastrointestinal upset. Early detection and prompt prevention should be upheld to avoid complications. However, the report did not enumerate the patient's previous and current pain medications. Also, the medications which are considered likely to cause GI adverse effects were not specified. Moreover, there was no evidence of increased risk for GI events in this patient. He is 58 years old and has no documented history of peptic ulcer. There is also no evidence of current or prior use of multiple or high doses of NSAIDs. The guideline criteria for PPI (proton pump inhibitor) use were not met. Therefore, the request for Omeprazole 20mg , 100 count, is not medically necessary.

**Tramadol 50 mg, 45 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria FOR Use Of Opioids, On-Going Management Page(s): 78.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: Analgesia, Activities of daily living (ADL's), Adverse side effects, and Aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was noted to take tramadol as far back as July 2013. An appeal was made on December 11, 2013 stating that opioid analgesics are an irreplaceable component of the patient's pharmacotherapy of numerous pain-producing conditions. However, there was no objective evidence of continued analgesia, continued functional benefit, or lack of adverse side effects from opioid use. The Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. The medical necessity has not been established at this time. Therefore, the request for Tramadol 50 mg, 45 count, is not medically necessary.

**TGIce (Tramadol/Gabapentin/Menthol/Camphor 8/10/2/2%) cream 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The Chronic Pain Medical Treatment Guidelines do not support the use of both opioid medications and gabapentin in a topical formulation. Regarding the Menthol component, the Chronic Pain Medical Treatment Guidelines does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, camphor, or capsaicin, may in rare instances cause serious burns. In this case, an appeal was made on December 11, 2013 stating that alternating topical and oral medications is an effective and viable method to improve the balance between analgesia and adverse effects. It also states that the patient is experiencing neuropathic pain. However, there are certain components of this cream that are not recommended for topical use. Moreover, there is no evidence of failure of oral pain medications or other conservative treatment options to relieve the pain. The medical necessity has not been established at this time. Therefore, the request for TGIce (Tramadol/Gabapentin/Menthol/Camphor 8/10/2/2%) cream 180 grams is not medically necessary.