

<b>Case Number:</b>	CM14-0029534		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/21/2001
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 records made available for review, this is a 49-year-old female with a 5/21/01 date of injury. At the time (2/12/14) of the request for authorization for prospective usage of Flector patches and prospective use of Pantoprazole 40mg, there is documentation of subjective (left shoulder pain increased 80%, pain localized in the neck, the left trapezius, and particularly the left shoulder, it does radiate down the left arm) and objective (marked tenderness over the left trapezius, decreased cervical spine range of motion, decreased left shoulder range of motion, Hawkins maneuver is positive, the left subacromial area is very tender) findings, current diagnoses (flare of left rotator cuff tendinitis involving supraspinatus tendon with markedly decreased activities of daily living and 80% increase in pain and C4-5 degenerative disc disease with left C6 radicular pain), and treatment to date (medication including chronic NSAID therapy and ongoing use of Flector patch and Pantoprazole). Regarding prospective usage of Flector patches, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); short-term use (4-12 weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Flector patch; and failure of an oral NSAID or contraindications to oral NSAIDs. Regarding prospective use of Pantoprazole 40mg, there is no documentation that Pantoprazole is being used as a second-line.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE USAGE OF FLECTOR PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of flare of left rotator cuff tendinitis involving supraspinatus tendon with markedly decreased activities of daily living and 80% increase in pain and C4-5 degenerative disc disease with left C6 radicular pain. In addition, there is documentation of ongoing treatment with Flector patches. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Flector patch. Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for prospective usage of Flector patches is not medically necessary.

**PROSPECTIVE USAGE OF PANTOPRAZOLE 40MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric

ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of flare of left rotator cuff tendinitis involving supraspinatus tendon with markedly decreased activities of daily living and 80% increase in pain and C4-5 degenerative disc disease with left C6 radicular pain. In addition, there is documentation of chronic NSAID therapy. However, there is no documentation that Pantoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for prospective usage of Pantoprazole 40mg is not medically necessary.