

<b>Case Number:</b>	CM14-0031318		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/24/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 41-year-old female with a date of injury of 01/24/2009. The listed diagnoses are Right shoulder impingement, status post arthroscopy right shoulder on 04/25/2012; Right forearm flexor/extensor tendonitis; Right wrist sprain/strain; and Right elbow medial epicondylitis, status post right elbow modified Boyd procedure on 05/03/2013. According to report dated 01/16/2014, the patient presents with persistent pain in the right shoulder, right elbow, and right forearm. The patient is complaining of increase in left upper extremity pain with overuse. Examination findings revealed decreased range of motion in the right shoulder with pain. TTP was positive. There is also pain in the right lateral elbow. Positive Finkelstein was noted. Right wrist revealed positive TTP and swelling. The treating physician recommends UDS, Toradol injection, Vicodin, trial of Flector patch for the right upper extremity, Naproxen, and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION FOR FLECTOR PATCH 1.3% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines has the following regarding topical creams, "for nonsteroidal anti-inflammatory agents, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are short and small of duration. Topical NSAIDs have been shown at [REDACTED] to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical cream." In this case, the patient does present with forearm flexor and extensor tendonitis but MTUS guidelines states efficacy of Flector patches over placebo was only during the first 2 weeks of treatment and recommended for 4-12 week use only. The request for Flector patch 1.3% is not medically necessary and appropriate.

**PRESCRIPTION FOR PROTONIX #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (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, the treating physician is prescribing this medication with Naproxen. However, there are no discussion of gastric irritation, peptic ulcer history, no concurrent use of ASA, etc. Routine prophylactic use of PPI without documentation of gastric side effects is not supported by the guidelines without GI risk assessment. The request for Protonix #60 is not medically necessary and appropriate.