

Case Number:	CM14-0041192		
Date Assigned:	09/12/2014	Date of Injury:	10/26/2012
Decision Date:	11/03/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/12/2014

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 & 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 57 years old female with an injury date on 10/26/2012. Based on the 01/21/2014 progress report provided by [REDACTED], the diagnosis is status post left shoulder arthroscopy. According to this report, the patient complains of severe pain in the left shoulder that keeps her up at night. Physical exam reveals left shoulder range of motion decreased by 90% in all direction. Impingement sign is positive. Physical exam findings from the 10/30/2013 and 12/11/2013 reports remain unchanged. Per physician, "The patient had two shoulder injections previously with no improvement at all. Physical therapy does not improve her symptoms." There were no other significant findings noted on this report. The utilization review denied the request on 02/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/11/2013 to 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Gastrointestinal symptoms Page(s): 68.

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

Decision rationale: According to the 01/21/2014 report by [REDACTED] this patient presents with severe pain in the left shoulder that keeps her up at night. The physician is requesting Omeprazole DR 20mg #30. Omeprazole was first mentioned in the 09/11/2013 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report does not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. In addition, the physician does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Recommendation is for denial.

Medrox Pain Relief Ointment: 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): 111-113.

Decision rationale: According to the 01/21/2014 report by [REDACTED] this patient presents with severe pain in the left shoulder that keeps her up at night. The physician is requesting Medrox pain relief ointment. Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed" and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound also contains Capsaicin 0.0375%, and MTUS for capsaicin states "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." MTUS does not appear to support the use of 0.0375% Capsaicin; therefore the whole compounded topical Medrox is not supported. The request is not in accordance with MTUS guidelines. Recommendation is for denial.