

<b>Case Number:</b>	CM14-0049558		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 67-year-old female was reportedly injured on August 6, 2009. The mechanism of injury is noted as a trip and fall over a mat. The most recent progress note, dated March 25, 2014, indicates that there were ongoing complaints of cervical spine pain. The injured employee stated that she is 60% improved from surgery. There were also complaints of right shoulder pain as well as bilateral hand and wrist pain. The physical examination of the right shoulder noted diffuse tenderness as well as tenderness over the AC joint and pain with a cross arm maneuver. There was a positive Hawkin's test and Neer's test. There was also a positive Tinel's test and Phalen's test bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, occupational therapy, wrist braces, acupuncture, a cervical spine fusion of C5 - C6, a cervical collar, cervical epidural steroid injections, psychological treatment, and oral medications. A request had been made for naproxen, Prilosec, Ultracet, and Biofreeze and was not certified in the pre-authorization process on April 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg, twice a day (BID), #60 with one refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73 of 127.

**Decision rationale:** Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) recommended as an option for the relief of the signs and symptoms of osteoarthritis. Considering the injured employees diagnosis, this request for naproxen 550 mg is medically necessary.

**Prilosec 20 mg, twice a day (BID), #60 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127..

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

**Ultracet 37.5/325 mg , two tabs twice a day (BID), #60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127..

**Decision rationale:** Ultracet is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury, however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Ultracet is not considered medically necessary.

**Biofreeze cream apply thin layer to AA twice a day (BID) as needed (PRN), #60 gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.biofreeze.com/page/en/faqs-consumer.aspx>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** Biofreeze is a topical analgesic consisting of menthol and other agents. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include menthol. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Biofreeze is not medically necessary.