

<b>Case Number:</b>	CM14-0073605		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/02/2014
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Family Medicine 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:

This 34-year old housekeeper reported R ankle and L shoulder injuries after she slipped while removing a shower curtain on 3/2/14, twisting her R ankle and falling on her R shoulder. She was initially followed at a clinic near where she worked, with progress notes dated from 3/3/14 through 4/3/14. Treatment included Naprosyn 500 mg twice per day, which was begun on 3/13 and continued through 4/3/14. The patient also received physical therapy and acupuncture. She was placed on modified work status on 3/3 and remained on it, though there is not much documentation in regards to restrictions and whether or not they decreased. Her current primary treater saw her for the first time on 4/28/14. She continued to complain of R ankle and shoulder pain. Review of systems was negative for GI and cardiovascular problems, according to the UR reviewer. (My records contain only partial notes from this visit.) Her ankle was tender and its range of motion decreased. Diagnoses included R ankle sprain and R shoulder tendonitis. The plan included Naproxen 550 mg twice per day, Omeprazole 20 mg/day, and Methoderm ointment, all of which were dispensed. Home exercise and transcutaneous electrical stimulation were also recommended. The patient was placed on modified duty, and again the specific restrictions are not available. A 5/14/14 progress report by a nurse practitioner states that the patient had constant R ankle pain and intermittent L shoulder pain, both at a 7/10 level which increased to 10/10 without Naproxen, Omeprazole, Methoderm and icing. The patient complained of frequent heartburn and reflux. No physical exam is documented. The plan was to continue Naproxen, Omeprazole and Methoderm and to start physical therapy. The patient was to remain at modified duty, no restrictions are specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro omeprazole 20mg tab #30 date of service 4/28/2014 - 4/28/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain, NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373, Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule--Definitions, Chronic Pain Medical Treatment, Medications for Chronic Pain, NSAIDS, Salicylate topicals Page(s): 1, 60, 67-69, 105, 60.

**Decision rationale:** Per the MTUS definition cited above, "chronic pain" means any pain that persists beyond the anticipated time of healing. Per the ACOEM reference, a patient with an ankle sprain should be able to return to regular work at 7-21 days. Thus, the Chronic Pain Guidelines would apply in the case, as the patient was still at modified duty over 60 days after her injury. Per the Chronic Pain reference cited above, a proton pump inhibitor such as omeprazole is recommended for patients taking NSAIDs who are at intermediate risk for gastrointestinal events. Risk factors include age over 65; history of peptic ulcer, GI bleed or perforation; concurrent use of aspirin, corticosteroids or an anticoagulant and high dose or multiple NSAID use. Neither the current primary treater nor the previous one has documented any of these risk factors. The patient took Naprosyn for at least two months without a proton pump inhibitor and without problems. Omeprazole was not clinically indicated in this case. Omeprazole is medically unnecessary because there is no documentation of any evidence-based reason for its use. Therefore, this request is not medically necessary.

**Retro menthoderm ointment dates of service 4/28/2014 - 4/28/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment, Salicylate topicals Page(s): 105.

**Decision rationale:** As far as I am able to determine from a web search, Menthoderm contains only methyl salicylate and menthol gel. The reviewer who deemed this treatment medically unnecessary used the MTUS Chronic Pain Medical Treatment guideline on topical analgesics (pages 111-113). The guideline cited above is much more specific for this particular medication, and states that topical salicylates such as Ben-Gay or methyl salicylate are recommended, and are significantly better than placebo for chronic pain. The use of Menthoderm is medically necessary in this case because its use is supported by the evidence-based guideline cited above.

**Retro naproxen 550mg tab #60 date of service 4/28/2014 - 4/28/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain, NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment, Medications for Chronic Pain, NSAIDs Page(s): 60, 67-69.

**Decision rationale:** Per the guideline cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. NSAIDs should be used at the lowest effective dose for the shortest duration of time consistent with the individual patient treatment goals. This patient has been on Naprosyn or Naproxen, which are equivalent drugs, for at least two months. There is no evidence of that any functional improvement while on it. She remains at modified duty status, but the restrictions specified are not available in the records. There is no evidence that any of her providers have set functional goals or are monitoring her for functional improvement. In addition, the last progress note available documents that she was experiencing heartburn and reflux while taking it, even though she was also taking Omeprazole. This should have been grounds for discontinuing Naproxen on the spot, but it was not. Naproxen was medically unwarranted based on the above guidelines and the clinical documentation. Naproxen 550mg # 60 was medically unnecessary because there is no evidence that it produced any functional recovery in this patient, or that it was prescribed according to evidence-based guidelines. Therefore, this request is not medically necessary.