

<b>Case Number:</b>	CM14-0081437		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 injured worker is a 34-year-old male who reported an injury on 10/19/2001 reportedly constant use of a hammering jack he experienced pain in his right shoulder, his arms, and his hands. The injured worker's treatment history included MRI, physical therapy, x-rays, and medications. The injured worker was evaluated on 05/05/2014 and it was documented the injured worker complained of cervical spine, right shoulder, right wrist, and right hand pain. It was noted that the pain in the right shoulder was at 2/10, frequent, and improved, as well as the right wrist and hand pain were at 2/10 and frequent. The physical examination of the cervical spine revealed limited range of motion. Strength was 5/5 in the C5, C6, C7, and C8 nerve roots on the right side. Sensation was normal 5/5 in the C5, C6, and C7 nerve roots and decreased to 4/5 in the C8 nerve root on the right side. The examination of the right shoulder revealed decreased range of motion with flexion of 150/160 degrees with extension of 40 degrees, abduction of 150 degrees, adduction of 40 degrees, and internal rotation of 70 degrees. Supraspinatus test was positive. The injured worker did continue to experience improvement in regards to the right shoulder range of motion; however he did continue to exhibit significant strength losses. Muscle testing revealed a grade 3/4 in the right shoulder abduction and flexion. The provider noted he would continue physical therapy with concentration on strengthening as well as giving him home exercises and continue with medications prescribed. Diagnoses included cervical strain, right shoulder rotator cuff syndrome status post arthroscopy, right wrist sprain/strain, and status post right shoulder rotator cuff repair. Within the documentation submitted, the provider failed to indicate the injured worker having gastrointestinal issues. The request for authorization dated 05/20/2014 was for flurbiprofen/cyclobenzaprine/menthol cream 20%/10%/4%, Motrin 800 mg, and Prilosec. The rationale for the cream was for pain and the rationale for Motrin was for pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Flurbiprofen/Cyclobenzaprine/Menthol topical cream (20%/10%/4%): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least (or drug class) that is not recommended. The proposed gel contains methyl salicylate and menthol. Any compounded product that contains at least one or more drug class is not recommended. Other muscle relaxants there is no evidence for use of any other muscle relaxant as a topical product. In addition, this agent has compounding agents with two or three oral agents together. The documentation submitted failed to indicate the injured worker's outcome measurements of conservative care measures such as physical therapy and pain medicine management. In addition, the request did not provide frequency or location where the compound cream will be applied. As such, the request for Flurbiprofen / Cyclobenzaprine/Menthol Topical cream (20%, 10%, and 4%) is non-certified.

### **Motrin Ibuprofen 800mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-steroidal anti-inflammatory drugs) Page(s): 67..

**Decision rationale:** The requested is non-certified. The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker and outcome measurements of prior physical therapy. There was lack of documentation stating the efficiency of the Motrin for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Motrin is taken by the injured worker. In addition, the request for Motrin did not include frequency, quantity or duration of medication. Given the above, the request for the Motrin 800 mg, is non-certified.

**Prilosec (Omeprazole) cap:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): page(s) 68-69.

**Decision rationale:** The request is non-certified. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation submitted did not indicate the injured worker having gastrointestinal events. The provider failed to indicate the frequency and quantity medication on the request that was submitted. In addition, the provider failed to indicate long term functional goals or medication pain management outcome measurements for the injured worker. Given the above, the request for Omeprazole 20 mg quantity not specified is non-certified.