

<b>Case Number:</b>	CM14-0083204		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Occupational 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:

The patient is a 59 year-old female with date of injury 02/27/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/24/2014, lists subjective complaints as pain in the neck and bilateral upper extremities. Objective findings: Cervical spine: patient had moderate bilateral cervical paraspinous tenderness, right greater than left, with 1+ to 2+ palpable muscle spasm. Pain with cervical extension and limited with rotation. Positive Spurling's on the right. Upper extremities: 4/5 strength was noted in the right biceps and triceps muscles as compared to the left. Positive Tinel's sign at bilateral wrists and bilateral elbows, left greater than right. Decreased sensation in the right C6 dermatome and reduced range of motion in the right shoulder with external rotation. Positive impingement sign was noted. Diagnoses are cervical spine strain/sprain with radiculopathy, cervical spondylosis with facet arthropathy, right neuroforaminal stenosis mild-to-moderate C4-5 and moderate C5-6, cervical degenerative disc disease, thoracic spine strain/sprain, right shoulder pain, status post left lateral epicondyle release, symptomatic carpal tunnel syndrome, depression and anxiety. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications include Naproxen 550mg, #60 SIG: b.i.d., Prilosec 20mg, #60 SIG: b.i.d., and Dendracin lotion 120ml.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to Acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The patient has been taking Naprosyn for at least 6 months without apparent functional improvement. Naprosyn 550mg #60 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole.

**Dendracin lotion 120mL:** Upheld

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

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

**Decision rationale:** Dendracin is Methyl Salicylate 30%, Capsaicin 0.025%, and Menthol USP 10%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a

diminishing effect over another 2-week period. The patient has been using Dendracin for longer than the 2 week period it has been shown to be effective. Dendracin is not medically necessary.