

<b>Case Number:</b>	CM13-0072010		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old female with a work injury dated 5/28/13. The diagnoses include left shoulder contusion, left elbow contusion, left wrist contusion. Under consideration are requests for Flector Patches #60; Omeprazole 20mg #60; Temezepam 15mg #45; Norco 5/325mg #60. There is an 8/30/13 partially handwritten supplemental treatment report that states that the patient's left shoulder pain is getting worse. Now the patient is having difficulty with forward flexion and reaching. The shoulder pops with motion. She is using shoulder pulley, theraband, exercise ball daily. . The patient is noted to be temporarily totally disabled. A 9/27/13 partially handwritten supplemental treatment report notes that the patient states that the left shoulder pain is not improving and the pain is constant. On exam there is reduced active range of motion. Passive range of motion in abduction is 160 degrees. Her left shoulder is warm and swollen. There is a positive impingement and drop arm test. She is still temporarily totally disabled. The treatment plan includes an illegible medication and MRI of the shoulder. There is a 5/29/13 progress note stating that the patient has a left shoulder, left elbow and left wrist contusion. The treatment plan includes Prilosec, Motrin; Tizanidine and a muscle rub as well as PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs)..

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

**Decision rationale:** The guidelines state that Flector patch is a topical patch that contains the non steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDs) is indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDs in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, ankle). The guidelines state that topical diclofenac is not indicated for spine, hip or shoulder. The patient has shoulder pain which is chronic. Flector patch is for acute musculoskeletal pain and is not recommended for the shoulder. The request for Flector patch is not medically necessary and appropriate.

**Omeprazole 20 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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 (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Omeprazole 20 mg # 60 is not medically necessary.

**Temazepam 15 mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

**Decision rationale:** The guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation is not clear on why the patient requires Temezepam

and also whether this will be used as a short term treatment. Therefore, the request for Temezepam is not medically necessary.

**Norco 5/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** The guidelines recommend a treatment plan for opioids. The documentation does not indicate a treatment plan which is recommended by the MTUS including prescribing opioids based on function, with specific functional goals, return to work, random drug testing, and an opioid contract. None of these aspects of prescribing are in evidence on the documentation submitted. The request for Norco 5/325 is not medically necessary.